THE CANADIAN NURSE

LUME 51 NUMBER 8
MONTREAL

Highlight for
AUGUST 1955

THE AGES OF MAN
E. P. Scarlett, M.D.

•

THE BEGINNER

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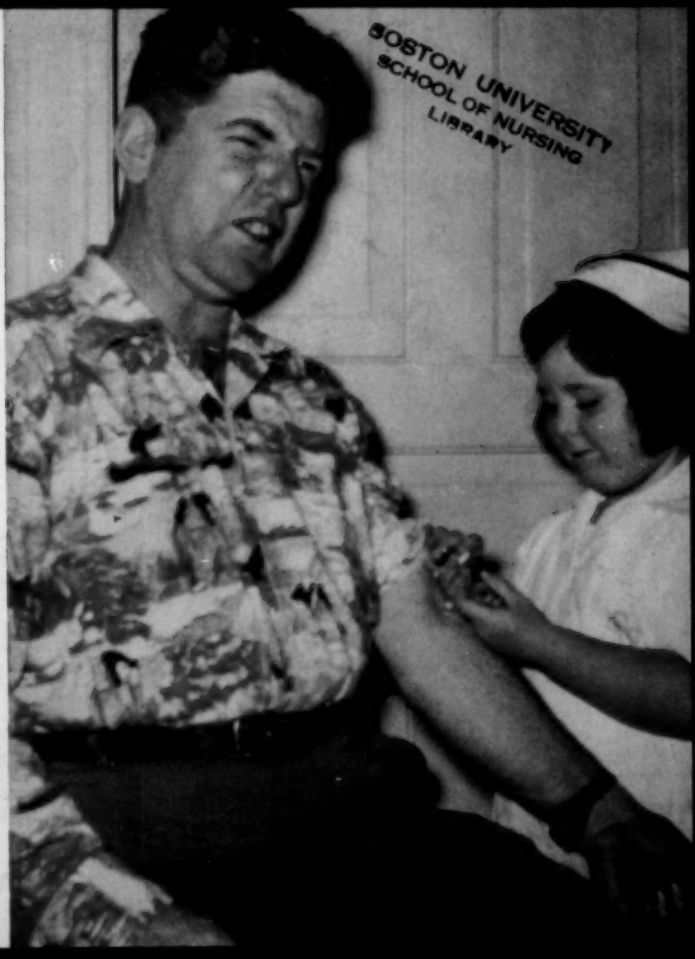

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THE CANADIAN NURSE

L'Infirmière Canadienne

VOLUME 51 **NUMBER 8**

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Subscription Rates: Canada & Bermuda: 6 months, $1.75; one year, $3.00; two years, $5.00.
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Between Ourselves

Guiding the activities of the largest provincial nurses' association is certainly no sinecure, particularly when the program includes expansion in as many directions as the Registered Nurses' Association of Ontario has witnessed during the past two years. As you read **Bianca Mary Beyer's** summary as our guest editor, you will realize that it takes a very capable, conscientious and cool leader to maintain a smoothly functioning organization.

These characteristics have been typical of Miss Beyer ever since she assumed her first duties following her graduation from the Toronto General Hospital. As an operating room head nurse, the meticulous character of her work made operating experience helpful and meaningful for her associates. As a supervisor in surgical nursing, she was thorough, gentle and painstaking; when she became assistant director of nursing at T.G.H. the students greatly appreciated the contribution she made to their future success. The Canadian Nurses' Association awarded their Florence Nightingale scholarship to Miss Beyer in 1938.

A new adventure in nursing lured Miss Beyer from T.G.H. in 1944 when she went to her present work as superintendent of Runnymede Hospital for Chronically Ill Patients in Toronto.

* * *

The established *Journal* policy regarding religion has always been that articles reflecting opinions or beliefs of any single denomination should not be published but that ***religion in the life of a nurse*** deserved every editorial consideration. Articles that would meet the latter specifications have not come to us very often. We are very pleased, therefore, to have an opportunity to share some of the papers that were presented at a special conference for nurses held at Five Oaks Christian Workers Center, Paris, Ontario. This centre developed in response to a felt need for more better-informed lay people to practise the Christian virtues in their homes, their work, their communities. This conference for nurses was non-denominational, stimulating and rewarding.

Three well known nurses participated in the program. We hope we may have the opportunity to share all three papers with our readers. **Amy Griffin,** who spoke on "Christian Motivation of Service to the Patient," was the first to send us her paper. It appears this month.

* * *

The ***leukemias*** are diseases usually characterized by a tremendous increase in the total number of white cells circulating in the blood stream and by the presence of abnormalities among these cells. Large numbers of very young white cells will be found. Sadly, all leukemias are still considered among the fatal, incurable diseases.

Dr. **J. A. MacMillan** has given us a glimpse at some of the varieties of leukemia nurses will commonly meet in their work.

* * *

One of the most significant and encouraging indications of the greater interest graduate nurses are taking in improving their own knowledge and understanding of new developments in nursing education and service, is the way in which they eagerly grasp every opportunity to enrol for ***institutes and refresher courses.*** Once upon a time it used to be a matter for debate whether there should or should not be a registration fee for such learning opportunities. If such a fee was charged it was usually very nominal — seldom being even large enough to cover the cost of the mimeographed material that was distributed. When government grants first became available a dozen years ago and numbers of institutes increased, there still was considerable hesitancy about making the registration fee more than a couple of dollars.

Recently, the formal notice of an **institute in Maternal Health** that is being sponsored next October by Dalhousie University, Halifax, came to our attention. We were interested to note two points in particular in the announcement — the fee for the three *weeks'* course is $50! The total registration is limited to 24. The closing date for applications is the end of August — well in advance of the actual institute.

Since this seems to be the growing trend wherever such institutes are being held, it is a most satisfactory reflection on the lively interest of nurses in their own professional improvement.

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New Products

Edited by DEAN F. N. HUGHES

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ANXINE

Manufacturer—Allen & Hanbury Co. Ltd., Toronto.

Description—Each tablet contains: Dexamphetamine sulphate 2.5 mg., cyclobarbitone 35 mg., mephenesin 120 mg.

Indications—Anxiety states, psychoneuroses and psychosomatic disorders (e.g. headache, vertigo, palpitation, sweating, tremors, nausea, vomiting, abdominal pain; etc.); adjunctive in the management of obesity.

Administration—One or 2 tablets 2 or 3 times a day, first dose on rising, second before noon meal, and a third, if necessary before the evening meal.

CAFERGOT SUPPOSITORIES

Manufacturer—Sandoz (Canada) Ltd., Montreal.

Description—Each suppository contains: Ergotamine tartrate 2 mg., caffeine 100 mg.

Indications—For relief of migraine, histamine and tension headache.

CHOLOGRAFIN

Manufacturer—E. R. Squibb and Sons of Canada, Ltd., Montreal.

Description—Disodium salt of N, N¹-adiply-bis-(3-amino-2, 4, 6-triiodo)-benzoic acid, intravenous contrast medium for gallbladder and biliary duct radiography. Iodine 64.32%.

Indications—Study of the biliary ducts in post-cholecystectomy patients, visualization of the nonfunctioning gallbladder and ducts, facilitates study of the major intrahepatic ducts in the normal patient.

Administration—Intravenously, after first testing for sensitivity by intradermal injection of 0.1 ml.

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Manufacturer—Wingate Chemical Co. Ltd., Montreal.

Description—Each 1.5 gm. tablet contains: Tyrothricin 5.0 mg., phenylmercuric acetate 3.0 mg., sodium lauryl sulphate 7.5 mg., chlorophyll (water-soluble) 10.05 mg., betalactose 1.17 gm., buffered to pH 4.5.

Indications—*Trichomonas vaginalis.* vaginitis, vaginitis due to mixed organisms, non-specific vaginitis, leukorrhea, vaginal pruritus, following electrocoagulation of the cervix and the removal of foreign bodies.

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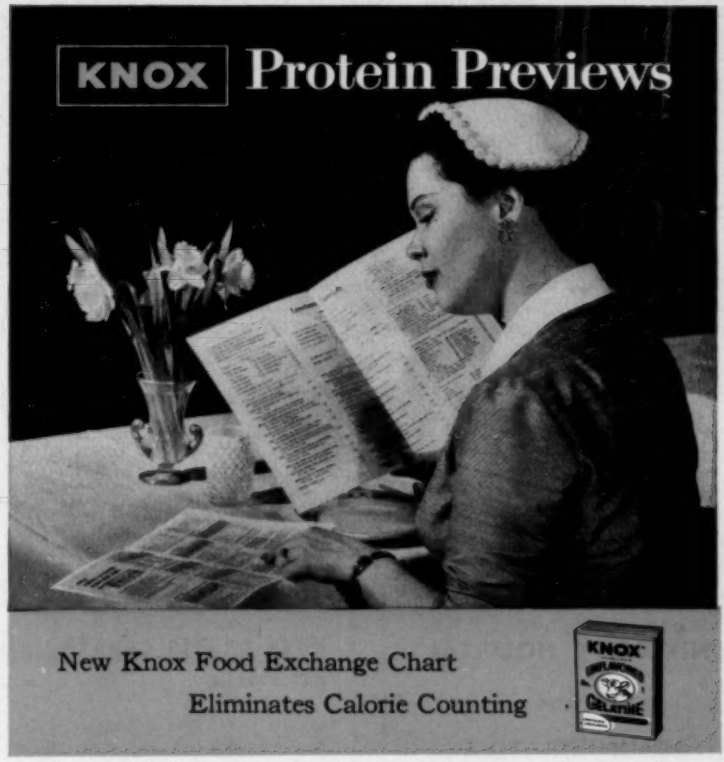

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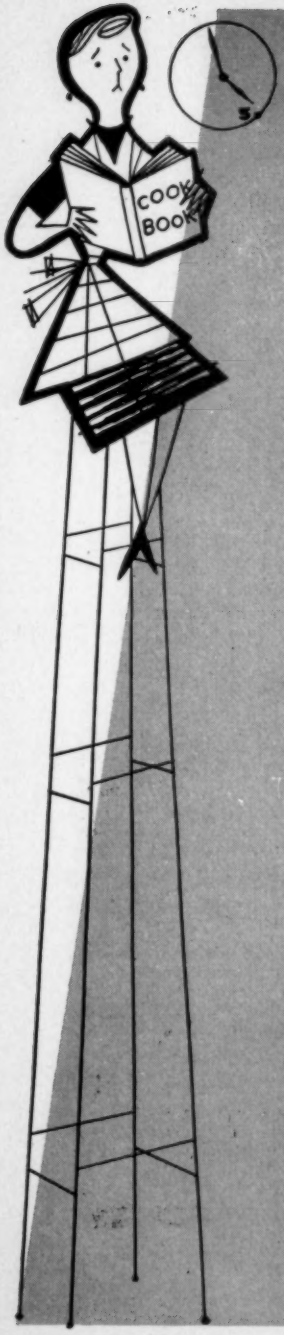

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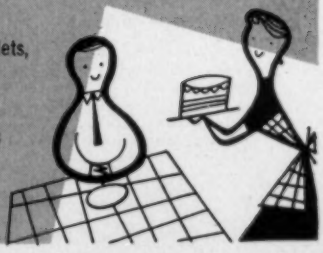

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THE CANADIAN NURSE
L'Infirmière Canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 51 NUMBER 8

MONTREAL, AUGUST, 1955

The Rung of a Ladder

THE REGISTERED Nurses' Association of Ontario has taken to heart, it seems, a remark of Churchill's that "there is nothing wrong in change, if it is in the right direction." Change for the Association there has been these past two years and, undoubtedly, more there will be. It is the hope that recent changes will strengthen presently existing foundations for ever-increasing responsibilities and for more pronounced achievements to benefit the organization as a whole and the individual member personally.

The thirtieth Annual Meeting of the Association was held at the Royal York Hotel in Toronto on April 28, 29, and 30 of this year, 1955. Some 1434 members were in attendance at the meeting which, it is expected, will prove to have been a success. Assuredly, with the acceptance of new by-laws and the inclusion of *The Canadian Nurse Journal* in the increased membership fee, there has been recognition of the need for unity with our national association along with a willingness to assume responsibility at provincial level to promote the welfare of nurses generally, both within and without the province. Such evidence of mature thinking from so large and representative a group augurs well for the future, and having had the honor and privilege of lending a guiding hand as president during two years of rather rapid development, it is with satisfaction that endorsation of Association actions is recorded.

Acceptance of new by-laws and the inclusion of *The Canadian Nurse* in an increased membership fee to some 14,000 members is a trite statement, but the final result came only after prolonged studies and deliberations by

BIANCA M. BEYER

those most closely concerned. It was following acceptance of new by-laws by the Canadian Nurses' Association, in Banff last June that Ontario, along with other provinces, recognized the need for revision of provincial by-laws to allow for a direct channel of communication, and for promotion of good relationships with improved functioning for each unit within the national framework. Therefore, Ontario's new by-laws conform, as nearly as possible, to those of the national association.

There are now four types of membership: honorary, active, associate and inactive. Associate members are those registered and resident in the province but not practising as nurses. They will receive *The Canadian Nurse,* become automatically associate members of The Canadian Nurses' Association, and are privileged to become members of committees of the provincial association, its districts or chapters. Inactive members are those who are or have been registered in the province, who, at one time, have been active members but now reside *outside* Ontario. Different parts of the new by-laws apply to the provincial association, to its districts and its chapters, so improved functioning for each unit within the provincial association is envisaged as well as, in turn, improved functioning of the provincial association as a whole within the national organization.

Another outstanding accomplishment during the past year is one concerned with nursing education. With cooperation from the Association a door has been opened to allow a greater number of students to enter a basic degree course in nursing at the University of Toronto School of Nursing. Satisfaction has been gained from the knowledge that the opportunity was accepted to assist with a plan for offering university preparation in nursing to more applicants who, mainly for financial reasons, might otherwise be unable to enrol. The Association has agreed to approve for registration those students who successfully complete the first three years of the newly offered 5-year degree course, the third year of which is one of interneship. Association support logically follows unanimous approval given at the annual meeting in 1953 to award an annual bursary to a student entering the first year of a basic degree course in nursing at a university school of nursing which appears on the list of approved schools of nursing in Ontario. The first award was made by the Association in September 1954, and now the interest of its members in preparation for nursing at the university level has been demonstrated anew.

To all schools of nursing in the province assistance was given this past year when, in March 1955, the Workshop for Instructors was conducted with notable success. Still more assistance will be given as plans unfold in the near future for a revision of the curriculum, its interpretation and evaluation.

Concurrently with activities of Association organization, educational progress, and consideration at all times of the general welfare of the individual member in the varied fields of nursing education and nursing service, building plans for suitable accommodation have been in the process of preparation. Ever-increasing association activities and responsibilities have made necessary these plans, and it is expected that the new accommodation will be in readiness when the present lease expires in November, 1956.

The Registered Nurses' Association of Ontario can, it seems, take justifiable pride in achievements to date, at the same time remembering that greater energy must be exerted toward unseen heights for, in the words of Huxley:

> The rung of a ladder was never meant to rest upon, but only to hold a man's foot long enough to enable him to put the other somewhat higher.

One expects from past experiences that the Association members stand ready now to accept the challenge to move in an upward and onward direction for the betterment of nursing in its manifold spheres of interest and action.

BIANCA M. BEYER,
Immediate Past President,
Registered Nurses'
Association of Ontario

The Ages of Man

EARL P. SCARLETT, M.D.

I AM HONORED by the invitation to deliver this, the second Archer Memorial Lecture. It is a high privilege to be permitted to share in the commemoration of a great and good man. The occasion makes a deep appeal to me for two reasons. The first is that an occasion of this sort helps to strengthen tradition, the deep remembrance of persons and things past. This nourishing of tradition is most important in Canada and particularly in the West, for great traditions are among the most vital ingredients in the life blood of a people. Remembering the events and the individuals of the past we are strengthening the texture of our everyday Canadian life.

In the second place, gratitude to a founder is an act of piety — *pietas* was the Roman word — something we have forgotten in the modern world. In paying tribute to a man such as Doctor Acher we are adding light to the beacon of his memory. At the same time something of his excellence passes into us and we are the better for the experience.

It was my privilege to know Doctor Archer well as did most of his contemporaries. He had the faculty of getting about and making his influence felt throughout the Dominion. Presently he became known as "Archer of Lamont," a proud title. He spanned the eventful days of the opening of the West from 1903 until his death. I would remind you that these great plains and these grey mountains in future time will be celebrated in lives such as his. I had the honor of presenting Doctor Archer for the honorary degree of Doctor of Laws at the University of Alberta in 1948 when he was honored as a great exponent of the traditions and ideals of medicine. Early in the following year he spoke to our physicians of the Calgary Associate Clinic — his last public appearance. His address on that occasion ended with these words:

> The face of medicine has indeed changed but after all are we primarily concerned with faces? It is the character and spirit of our friends which we love. The spirit of medicine through the ages has been the spirit of service. That remains unchanged.

We remember him in these words on this occasion. As he looks down upon us from that Elysium to which all good doctors go, where there are no telephone calls and no night emergencies, I fancy that he will smile and be pleased.

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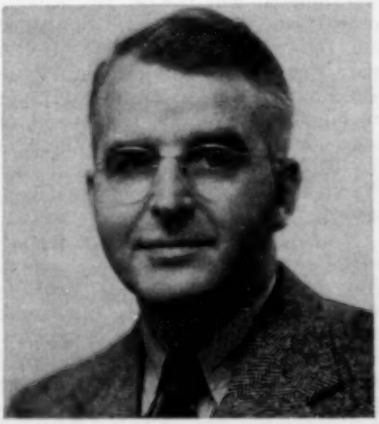
I am reminded that I am addressing myself to nurses, the hard-drilled soldiery of the medical world. In so doing Doctor Archer's spirit is with me for he knew something of the value of nurses — and his wife was a nurse. The debt of doctors to nurses can never be stated adequately. Probably that is why they are so often taken for granted. Let me say that the presence of woman in the person of the nurse has helped to humanize medicine in all its departments. It has given it its broad charity. Can you imagine



E. P. SCARLETT

Dr. Scarlett of Calgary, Alta., gave this address at Lamont, Alta., October 15, 1954.

medicine and hospitals run solely by men? That brings up a grim prospect! So in speaking to you as nurses I am thinking of you and addressing you as partners in the great adventure of medicine.

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In a broad way my theme is *life*, the thing that is in and about us, the miracle of human existence, the great mystery that has teased the human mind through the ages. Despite all searching and knowledge, life still is fundamentally a mystery. They tell us that it had its begining on this planet from 500 to 1,000 million years ago. Biologists estimate that man came into being from earlier forms of life at least 100,000 years ago.

Life has been called all sort of things, but speculate as you will, one thing is certain. Wherever you look you meet with the will-to-live, the tremendous thrust of life. It is universal and insistent. All existence manifests it. It is fundamental, instinctive, unthinking. Indeed it is a great basic principle that you and I, as nurses and doctors, serve. We assist in every way we can this "will-to-live." It is the great central, throbbing power of the universe and of the individual. But life in these terms is much too large a theme. Let us reduce our perspective and look at life in man. Here too we are in the presence of a mystery — a miracle. Man as an individual is a web woven of many threads — ancestry, age, geography, environment, will power. He belongs to two world — the world of nature and the world of the spirit. He is more than an insignificant local phenomenon. He is a meaningful and intelligible part of a great world of being. I believe that such a faith is the basis of all our living and that the good nurse and doctor must possess it.

It follows from this that the destiny of the individual life is not a dull, grey round. At every turn there is the terror and beauty of life. Look closely at the average man or woman. Round the circle of his days the gods watch him. Look further and you see strange and beautiful things — children romping in the sunshine, a woman tending her sick child in the night, a man ploughing the fields at dusk.

What are some of the realities of life? The shortness of life that makes it so precious; the uncertainty of life that gives it its charm; the strength in men and women that sustains them to die for others; the dream of the future hungering in every one of us, and hope and faith and love. These are the enduring things — the timeless things, and it is for that reason that I want to talk about them on this occasion rather than about what we call the practical things such as salaries, courses of study and so forth.

* * *

From the beginning of time man has thought about his life in many ways, usually in terms of the world about him. The Psalmist compares life with chaff which is blown away by the wind — with the flowers of the field which sprout in the morning, bloom, and by evening wither and die. Life has been compared to many things — a breath of wind, a fleeting shadow, snow that melts in the sun and runs from its source to the sea, the passage of a year through its changing seasons. All these comparisons are rather sombre, like the phrase "from the cradle to the grave." All somehow stress the brevity of life. I presume that the reason for this is that, for the most part, such writings are the reflections of older people.

Prophets, philosophers, poets and scientists have spoken and written of man's life. Sir Thomas Browne, one of the patron saints of medicine, held that *time* was relative. "The created world is a small parenthesis in eternity," he wrote. Someone else has reminded us that life is a comedy to those who think, a tragedy to those who feel. Modern science has had a great deal to say about life both on the scientific and on the philosophic plane. Let me give you one example. The concentration of salt in man's blood is .9 per cent, roughly the same as sea water. Here we have an observation suggesting our origin and link with the life of this planet. Donald Peattie, one of the greatest living biologists, puts it in this way, in a passage that is an admirable fusion of the religious, the philosophical and

the scientific view points of man.

> I say that it touches a man that his blood is sea water and his tears are salt, that the seed of his loins is scarcely different from the same cells in a seaweed, and that of stuff like his bones are coral made. I say that physical and biologic law lies down with him, and wakes when a child stirs in the womb, and that the sap in a tree, uprushing in the spring, and the smell of the loam, where the bacteria bestir themselves in darkness and the path of the sun in the heaven, these are facts of first importance to his mental conclusions and that a man who goes in no consciousness of them is a drifter and a dreamer, without a home or any contact with reality.
>
> *(An Almanac for Moderns)*

Probably the best known way of depicting life is by thinking of it in stages from infancy to old age — the ages of man. You will find this device carried out in music, in art, and in literature, even in the terms of our daily speech. For example, in the case of the male, the progression of age can be marked by the following terms of address — "little man, little boy, sonny, my boy, young man, master, dad, old gentleman, old boy, and (last exalted state) grand old man." I once saw an old German wall painting in which the progress of woman through the various stages of life was represented by a bird for each period. The strange gallery was as follows: a chicken, a peacock, a hen, a goose, a vulture, an owl, a bat, and (at last) a skull with a beak. Such a portrayal is anything but complimentary — the artist was obviously a man!

An old device is that of thinking of life as a play in which one plays many parts. The most celebrated description in this regard is that of William Shakespeare. Now Shakespeare is of special interest to all of us who are engaged in the practice of medicine. He may be thought of as a master clinician. He is the greatest master of the human mind that our race has produced, a man who knew more about men and women than all our modern psychologists rolled into one, a man whose words will be read by physicians when every medical treatise of the present day has been forgotten, a master who will be studied by future generations as long as there is life on this planet. He was a man who saw all, who lived all and who had the supreme power to record all. That is why he never dates.

Human life — the three score and ten — is described by Shakespeare in 28 lines — his "seven ages" speech *(As You Like It, Act 2, Scene 7)*. The same idea has been expressed by Omar Khayam, Cervantes, Sir Walter Raleigh and scores of others, but Shakespeare overtops them all. In *The Merchant of Venice* he hints at the same idea:

> I hold the world but as the world,
> Gratiano,
> A stage where everyone must play a part;
> and mine a sad one.

Here are Shakespeare's seven ages. The melancholy Jacques is speaking:

> All the world's a stage
> And all the men and women merely players;
> They have their exits and their entrances;
> And one man in his time plays many parts,
> His acts being seven ages. At first the infant,
> Mewling and puking in the nurses' arms,
> And then the whining school-boy, with his satchel
> And shining morning face, creeping like a snail
> Unwillingly to school. And then the lover,
> Sighing like a furnace, with a woeful ballad,
> Made to his mistress' eyebrow. Then a soldier,
> Full of strange oaths, and bearded like the pard,
> Jealous in honour, sudden and quick in quarrel,
> Seeking the bubble reputation,
> Even in the cannon's mouth. And then the justice,
> In fair round belly with good capon lined,
> With eyes severe, and beard of formal cut,
> Full of wise saws and modern instances;
> And so he plays his part. The sixth age shifts
> Into the lean and slipper'd pantaloon,

With spectacle on nose and pouch on side,
His youthful hose well saved, a world too wide
For his shrunk shank; and his big manly voice
Turning again toward childish treble, pipes
And whistles in his sound. Last scene of all,
That ends this strange eventful history,
Is second childishness and mere oblivion,
Sans teeth, sans eyes, sans taste, sans everything.

Infancy

It is quite impossible to begin to suggest the first chapter of life from the virtual libraries that men and women have written about it. Thousands of lines come crowding in — lullabies, the glory and innocence of infancy, the delight we all feel in something small and helpless. Let me give you a few quotations:

Sweet and low, sweet and low,
Wind of the western sea,
Low, low, breathe and blow,
Wind of the western sea!
Over the rolling waters go
Come from the dying moon and blow,
Blow him again to me;
While my little one, while my pretty one sleeps.

(Tennyson: *The Princess*)

* * *

From the old Scots poem — *Bairnies, Cuddle Doon*

The bairnies cuddle doon tonight
Wi' muckle fash and din.
"Oh, try and sleep, ye waukrife rogues;
Your faither's comin' in."
They never heed a word I speak
I try to gie a froon;
But aye I hae them up, an' cry
"Oh, bairnies, cuddle doon!"

The bairnies cuddle doon at night
Wi' mirth that's dear to me;
But soon the big warl's cark and care
Will quieten doon their glee.
Yet come what may to ilka ane.
May He who sits aboon
Aye whisper, though their pows be bauld
"Oh, bairnies, cuddle doon!"

* * *

A Baby's Grace by Robert Herrick

Here a little child I stand
Heaving up my either hand,
Cold as paddocks though they be,
Yet I lift them up to Thee
For a benison to fall
On our meal and on us all.

* * *

A letter written by Jeremy Taylor to John Evelyn:

I am in some little disorder by reason of the death of a little child of mine, a boy that lately made us very glad; but now he rejoyces in his little orbe, while we think and sigh, and long to be as safe as he is...

* * *

Not in entire forgetfulness
And not in utter nakedness,
But trailing clouds of glory do we come
From God who is our home;
Heaven lies about us in our infancy.

Wordsworth

Childhood

Childhood is the time above all that is compounded of wonder and dreams and abounding energy. In a sense the theme of childhood is best expressed in the lines of the old nursey rhyme — "Over the hills and far away." Here are a few strains of childhood:

From Francis Thompson's essay on *Shelley:*

Know you what it is to be a child? It is to be something very different from the man of today. It is to have a spirit yet streaming from the waters of baptism; it is to believe in love, to believe in loveliness, to believe in disbelief; it is to be so little that the elves can reach to whisper in your ears; it is to turn pumpkins into coaches and mice into horses, lowliness into loftiness, and nothing into everything, for each child has its fairy godmother in its own soul; it is to live in a nutshell and to count yourself the king of infinite space; it is

To see the world in a grain of sand,
And heaven in a wild flower,
Hold infinity in the palm of your hand
And eternity in an hour.

* * *

When the Sleepy Man comes with the dust in his eyes,
(Oh Weary, my Dearie, so weary!)
He shuts up the earth and he opens up the skies,
(So hushaby, weary, my Dearie)

(C. G. D. Roberts)

The Child is a small letter, yet the best copy of Adam before he tasted of Eve or the Apple... He arrives not at the mischief of being wise, nor endures evils to come by foreseeing them... kisses and loves all, and when the smart of the rod is past smiles on the beater... The older he grows he is a stair lower from God; and like his first father, much worse in his breeches. He is the Christian's example, and the old man's relapse; the one initiates his pureness, and the other falls into his simplicity. Could he put off his body with his little coat, he had got eternity without a burthen and exchanged but one heaven for another.

(John Earle)

* * *

The Toys — by Coventry Patmore

My little son, who looked from
thoughful eyes,
And moved and spoke in quiet, grown-
up wise,
Having my law, the seventh time
disobeyed,
I struck him, and dismissed
With hard words and unkissed
— His mother, who was patient, being
dead —
Then, fearing lest his grief should
hinder sleep,
I visited his bed,
But found him slumbering deep
With darkened eyelids and their lashes
yet
From his late sobbing wet.
And I with moan
Kissing away his tears, left others of
my own;
For, on a table drawn beside his head,
He had put, within his reach,
A box of counters and a red-veined
stone,
A piece of glass abraded by the beach,
And six or seven shells,
A bottle with bluebells,
And two French copper coins, ranged
with careful art,
To comfort his sad heart.
So when that night I prayed
To God, I wept and said:
"Ah, when at last we lie with tranced
breath,
Not vexing Thee in death,
And thou rememberest of what toys
We made our joys,
How meekly understood
Thy great commanded good,
Then, fatherly not less
Than I whom Thou has moulded from
the clay
Thou'lt leave Thy wrath and say,
'I will be sorry for their childishness.'

There are two books I would like to suggest to you from the kingdom of childhood. The first is the book of Marjory Fleming — a little girl who died before she reached the age of nine. She was born in Kirkcaldy and spent the last three years of her life in Edinburgh. She is the subject of the shortest note in the *Dictionary of National Biography*, our youngest literary immortal. May I give you two quotations from her *Journal:*

But she was more than usual calm,
She did not give a single damn.

(From the poem on *Turkeys*)

My religion is greatly falling off because I don't pray with so much attention when I am saying my prayers, and my character is lost among the Braehead people. I hope I will be religious again, but as for regaining my character, I despair for it.

The other book is the immortal *The Wind in the Willows* by Kenneth Graeme, the most beloved book in my own household. It is the story of the Mole, Ratty, Toad and their friends, told in a most understanding and enchanting way.

Youth

Youth — youth and love — what poetry and songs and pictures have celebrated it! This continent and this country in which we live are still in a sense a land of youth. Byron said:

The days of our youth are the days of our glory.

Robert Herrick in *To the Virgins, to Make Much of Time:*

Gather ye rosebuds while ye may
Old Time is still a-flying
And this same flower that smiles today
Tomorrow will be dying.

* * *

When all the world is young, lad, and
everything is green
And every goose a swan, lad, and every
lass a queen
Then boot, lad, and horse, lad, and
round the world away,
And go it while you're young, lad;
Each dog must have his day.

(Charles Kingsley)

Youth above all is a time of hope and confidence. As Dr. Johnson said — "He was towering in the confidence of twenty-one." The young person is a demigod. He or she thinks and talks of a larger existence than this world. No young man or woman believes that he or she will ever die. There is a feeling of Eternity in youth that makes amends for everything. To be young, as Hazlett wrote, is to be as one of the Immortals.

And, of course, youth is the time of love. I despair at even suggesting anything on this theme. But just a few words to set your imagination soaring.

Love consists in this, that two solitudes protect and touch and greet each other.

(Rainer Maria Rilke)

* * *

There is a garden in her face,
Where rose and white lillies blow.

(Richard Allison)

* * *

O, my love is like a red, red rose
That's newly sprung in June;
O, my love is like a melody
That's sweetly played in tune.
As fair art thou, my bonnie lass,
So deep in love am I;
And I will love thee still, my dear,
Till a' the seas gang dry.

(Robert Burns)

* * *

The wonderful tribute —
To love her is a liberal education.

(Richard Steele)

* * *

What is love? 'Tis not hereafter;
Present mirth hath present laughter,
What's to come is still unsure;
In delay there lies no plenty;
Then come kiss me, sweet-and-twenty,
Youth's a stuff will not endure.

(Shakespeare: *Twelfth Night*)

Youth is so precious that it is spoken of in connection with so many things and is projected into our later years. It is probably true to say that youth is an affair of the soul. A person may be spiritually bald-headed at twenty-five. The spirit does not necessarily decay with the body. When young —

We look before and after
And pine for what is not.

As we grow older we learn to be satisfied with something nearer than the moon. And it is well for young and old to remember the great paradox of Time. In Austin Dobson's words, it is this:

Time goes, you say? Ah no!
Alas, Time stays, we go;
Or else, were this not so
What need to chain the hours,
For youth were always ours?
Time goes, you say? Ah no!

Middle Age

I do not propose to dwell very long on the next two sections — the middle years of life and old age. (You will note that I have quietly telescoped Shakespeare's Seven Ages into five.) These are periods of time that most of you still have to explore, and they are better celebrated when one has completed the span and looks back.

The period which I am terming Middle Age is rather a long and ill-defined one, extending say from the late twenties into the fifties. These years — the middle span — are the time of *selection*, of *attainment*, and of *realization*. As Stevenson said, through the dreams of youth fail, others succeed, graver and more substantial. If you are wise, these middle years are a time for the deepening and strengthening of love in family and friendships. Has it ever occurred to you that love would never have taken so high a place in the mind and soul of man and the universe if Love were not the one universal evidence of man's allegiance to the ideal? Remember the great words —

Set me as a seal upon thine heart, as a seal upon thine arm; for love is strong as death.

(Song of Solomon)

* * *

Two apostrophes to women:

She walks in beauty, like the night
Of cloudless climes and starry skies;
And all that's best of dark and bright
Meet in her aspect and her eyes;
Thus mellowed to that tender light
Which heaven to gaudy day denies.

(Lord Byron)

* * *

She walks — the lady of my delight —
A shepherdess of sheep.
Her flocks are thoughts. She keeps them white;

She guards them from the steep.
She feeds them on the fragrant height,
And folds them in for sleep.

She holds her little thoughts in sight,
Though gay they run and leap,
She is so circumspect and right;
She has her soul to keep.
She walks — the lady of my delight —
A shepherdess of sheep.

(Alice Meynell)

* * *

And that supreme tribute to a woman:

Age cannot wither her, nor custom stale
Her infinite variety.

(Shakespeare: *Antony and Cleopatra*)

* * *

Two tributes to a man:

He was a man, take him for all in all
I shall not look upon his like again.

(Shakespeare: *Hamlet*)

His life was gentle, and the elements,
So mixed in him that nature might stand up
And say to all the world, 'This was a man.'

(Shakespeare: *Julius Caesar*)

Old Age

It is extremely important that you as nurses should have a deepening understanding of old age, for your work is going to be concerned with the aged to an increasing degree. More than any other generation before you this is a necessity for you if life and society are to be preserved as a unity.

Old age is the front of life moving into No Man's Land covered with mist. Beyond is Eternity. Old age is an avenue between tall cypress trees lit by the setting sun with the shadows of memory lengthening about the solitary traveller.

It is very difficult to grow old gracefully. Most of us fail in that task for reasons that are not always of our own making. That is why old age requires patience and understanding and companionship. So I say:

Respect the old, for they have looked
into the eyes of the morning.

* * *

As a white candle in a holy place,
So is the beauty of an aged face.

(Joseph Campbell)

The seas are quiet when the winds give o'er,
So calm are we when passions are no more.
For then we know how vain it was to boast
Of fleeting things, so certain to be lost.
Clouds of affection from our younger eyes
Conceal that emptiness which age descries.
The soul's dark cottage, battered and decayed,
Lets in new light through chinks that Time hath made
Stronger by weakness, wiser men become
As they draw near to their eternal home.
Leaving the old, both worlds at once they view
That stand upon the threshold of the new.

(Edmond Waller)

And the final and perfect commentary on old age and the complete life is Shakespeare's — "Ripeness is all." And the salute to old age — also Shakespeare's:

Fear no more the heat o' the sun,
Nor the furious winter's rages;
Thou thy wordly task hast done.
Home are gone, and ta'en thy wages.

(Cymbeline)

* * *

There are your ages of Man — the pageant of life — the five acts that I hope you and I will all live and play. I have been thinking of a number of things as I was setting the stage with the above quotations.

The first: The years really do little to that final deep something that is within us, that something we call personality — the thing that has resisted the years and the ills of the flesh.

The second: The kingdom of Heaven is within us and from this we carve out what is an essential way life brings us.

The third: Life is a strange gift and its privileges are always most mysterious. At whatever age, the reality of life is in the living tissue of it from day to day, not in the expectation of a better time, nor in the hope of a blessed release at the end. The

joy indeed is in the travelling, and not in the arriving. So that when any period of life lacks color and hope and brilliancy, the cause lies in one's self and not in one's age or in one's circumstances.

Such reflections suggest to us that the true wisdom is to be always seasonable and to change with a good grace. To be a good artist or a good player in life is to love playthings as a child, to lead an adventurous and honorable youth, to play the part to the limit in middle age, and, when the time comes, to settle with God's grace into a green and smiling age.

We have been looking on at the play of life. The make-believe curtain is now down, but we must bring ourselves sharply back to reality by the reminder that for you and for me the play is still really on. We may occasionally think about it as we have done on this occasion, but we are at this moment — all of us — on the stage. We may sit and applaud, but our place is on the stage, and we must get back to it. The tantalizing thing about it all is that we do not know just how the play will come out. It would hardly interest us as it does if we knew what was going to happen in the play and what was in store for us at the last curtain. In the meantime on with the play — and may we all be good actors!

Leukemia

J. A. I. MacMillan, M.D.

In dealing with the leukemias, we must have some understanding of the background of the disease. The site of the lesion is in the hematopoietic or blood-forming system. This system consists of the bone marrow, the spleen, and the lymph nodes scattered throughout the body. The usual method of examination of the blood is by cell counts and blood smears. Ordinarily, on a blood smear, we see the red cells, the erythrocytes, the white cells, the leukocytes, consisting of the polymorphonuclear leukocytes, the eosinophiles, basophiles, monocytes and the small and large lymphocytes as well as the blood platelets. These are the normal cells found circulating in the blood stream. The precursors of the circulating cells are found in the blood-forming organs and the reticulo-endothelial systems. In blood dyscrasias, such as the leukemias, these immature cells begin circulating in the blood stream as well as the mature white cells. This indicates the degree of hyperplasia in the blood-forming organs. So many cells are produced that the excess spills over into the blood stream and cells are found circulating there in an immature stage.

By way of definition, then, leukemia is a state of the blood where there is an abnormal increase in the number of circulating white cells. The type of leukemia present is designated by the predominant cell types. In general, there are two main types that are important: (a) chronic lymphatic and (b) chronic myelogenous. In addition to these, three others have been added more recently: the aleukemic leukemia, acute leukemia and monocytic leukemia.

The Clinical Picture

In chronic lymphatic and chronic myelogenous leukemia the onset is quite insidious and may have been present for some time before the disease is recognized. The general symptoms are the same for both, namely: weakness, fatigue, dyspnea, pallor and palpitation. These are altogether non-specific and fit the picture of ordinary anemia which is also present. As a matter of fact, as the disease progresses anemia will be the most striking feature.

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There are many clinical signs which are common to both these main types of leukemia: Elevated basal metabolism, tachycardia, loss of weight and recurring bouts of fever with excessive sweating. It is on physical examination that the differentiation can be made between the two conditions. In myelogenous leukemia the spleen is greatly enlarged, while in lymphatic, the principal anatomical change is seen in the lymph nodes which are the site of more or less extreme adenopathy. They may vary in size from a pea to a large orange. They are firm, painless, and remain discrete from one another not invading the surrounding tissues. The spleen may be enlarged in lymphatic but never reaches the proportions it does in the myelogenous.

It is the blood picture that gives the final differentiation. This picture shows the marked anemia and the leukocytosis. In the myelogenous variety the granulocytes are increased while in the lymphatic types there are large numbers of leukocytes which closely resemble the normal small lymphocyte. The granulocytes may number 20,000, 30,000, to 1,000,000 cells per cu. mm. and consist of immature forms of polymorphonuclear neutrophiles, basophiles, and eosinophiles. There are also large numbers of neutrophilic, basophilic, and eosinophilic myelocytes, but chiefly the neutrophilic cells are increased.

As the anemia progresses it is usual to find normoblasts and erythrocytes showing stippling and basophilia. Platelet cells in the latter stages are reduced. The fact that the platelets are reduced leads to the appearance of severe hemorrhage into the skin and from the mucous membranes.

The urine of these patients shows little change except for a great increase in uric acid output, particularly in the myelogenous type where the blood uric acid is also elevated.

The anatomical changes may be surmised from the hematological and clinical findings. The spleen in the myelogenous type is large and firm with pronounced proliferation of the fibrous tissue and distortion of the normal architecture. The organ is stuffed with myeloid cells of all varieties. The bone marrow is pinkish grey due to the large numbers of myelocytes and myeloblasts which almost replace the erythroblastic structures. In the lymphatic type there will be found widespread lymphoid infiltration of many organs and tissues while all of the lymphatic glands will be enlarged and the normal architecture destroyed. The bone marrow appears the same grossly as that in myelogenous but the tissue is replaced with the lymphatic type of cells.

How is Diagnosis Made?

Diagnosis is comparatively easy if the blood is examined, but it is a characteristic of both varieties of leukemia that there may be periods when leukocytic reaction is normal or even subnormal. This leads to a false interpretation of the blood smears done on these patients and is not a too reliable aid in following the treatment.

The only sure way of making a diagnosis is to do a bone marrow biopsy, which can be done fairly easily from the sternum, ilium or tibia. The differentiation should be made when it is remembered that other conditions can give rise to the same clinical picture — Hodgkin's disease, lymphosarcoma, Banti's disease, pernicious anemia and hemolytic jaundice.

Prognosis

The course of both types of leukemia is notoriously chronic. Both go through periods of febrile exacerbations when there seems to be a sudden exaggeration of the leukemic processes. Death may occur with a normal or subnormal leukocyte count. Both conditions usually terminate from intercurrent infections, severe anemia, hemorrhage or thrombosis. Febrile reactions may be an indication that exitus is not far off.

Treatment

The treatment resolves itself into three parts:

1. The attempted control of the hyperplastic myeloid or lymphoid activity of the bone marrow and lymph nodes.

2. Prevention of anemia.
3. Symptomatic treatment.

All of these methods of approach are palliative and none is curative.

The various methods at our disposal for controlling the myelogenous activity of bone marrow are: Deep x-ray therapy over the long bones, intravenous use of nitrogen mustard, and oral preparation of Urethane. All of these have a depressant action on the bone marrow and other sites of myelogenous activity. In time the patient becomes refractory to any of them and further improvement does not occur. Then another plan must be tried.

In the prevention of anemia, iron, liver extract and other hematopoietic boosters may be used. Blood transfusions probably give the greatest boost to a progressive anemia. It can be expected to give only relief.

The general handling of the patient is in no way different from that for any other chronic disease. Avoidance of fatigue, adequate diet, and an air of general hopefulness is all that can be provided for these patients.

Cortisone has been used with a fair degree of success in acute leukemia in children. In a number of cases it has been found possible to stem the flow of cells coming from the bone marrow and even, in a few cases, to cause an apparent remission of symptoms. Unfortunately these remissions are not lasting and symptoms usually recur. It has been found to have very little effect on the chronic forms of the disease.

In the recent literature there has been described an anti-metabolite with the chemical name of 6-mercaptopurine. This substance produces good hematolic remissions in some children with acute leukemia. Daily oral administrations are given which rarely cause toxic symptoms, but continued high doses in adults and children may produce bone marrow depression or gastrointestinal symptoms.

The problem of leukemia offers a continued challenge to the researchers in hematological and biochemical as well as therapeutic fields.

In the Good Old Days

(*The Canadian Nurse* — AUGUST, 1915)

"If I were asked what I consider the first qualification of a good nurse, I should say 'conscientiousness.'"

* * *

"The truest type of loyalty consists in doing our very best always, in order that we may reflect credit, not discredit, on our teachers. How few nurses realize that each one of them helps to make or mar the success of her training school, not only while she is a student but also after graduation."

* * *

"In the Crimea, Miss Nightingale so systematized the care of the sick and wounded that the death rate fell from the hideous percentage of 60 to but 1 per cent in a very short space of time."

* * *

"Mirth, which is an act as opposed to cheerfulness which is a habit of mind, has ordinarily no place in a sick room."

* * *

"Some of our daily papers have taken up a new crusade and during the summer months have printed advice on how to care for babies in the hot weather."

* * *

"Prenatal care as a systematized means of reducing infant mortality and of improving the health of the mothers is a new idea but is one that is rightly claiming a great deal of attention at the present time."

* * *

"The most careful antiseptic toilet may be brought to naught by the preliminary use of soap. Therefore, clean your hands with granulated sugar and also dress wounds with it if nothing else is available . . . Granulated sugar is gritty, takes the place of both soap and scrubbing brush, does the work better and leaves the skin unscratched, soft and smooth."

* * *

"For perspiring feet use glycerine each morning as long as necessary. Spread it well over the soles and toes before the stockings are put on. Two stubborn cases were completely cured in three days."

NURSING SERVICE

Christian Motivation for Service to the Patient

AMY S. GRIFFIN

"And Jesus went about all the cities and villages, teaching in their synagogues, and preaching the gospel of the kingdom and healing every sickness and disease among the people."

Matthew 9:35.

IN CONSIDERING the topic "Christian Motivation for Service to the Patient," I would like to outline briefly the aspects of this subject to which I would direct your thinking. They include:

1. What is there about nursing which makes Christian motivation so important?
2. What do we mean by Christian motivation?
3. What can our Christian motivation for service mean to our patients?
4. What can this Christian motivation for service in nursing mean to ourselves?

I shall give brief consideration only to topics 1 and 2 with a view to discussing together topics 3 and 4. At the outset it is, I believe, of the first import that we should remind ourselves that if our service to our patients is to have a Christian motivation we must ourselves have a knowledge and love of Christ and a continuing close relationship with Him maintained by His reaching out toward us and our reaching out toward Him in daily communication and consecration.

In considering topic 1, I am reminded of a sermon preached by the minister in our home church recently, entitled, "Finding God in Unexpected Places." The main thought that he promoted was that, while we justifiably delight in our evidence of God in the happy experiences in life and our coming to know Him through the joys which we share with Him, yet for man, sometimes the first and often the most vital realization of the presence of God comes in those experiences in life when we might least expect to find Him. Our minister referred in his sermon to that time in the life of Moses when, in one of his moments of greatest despair, the Lord said unto him, "Behold the ground thou standest on is holy ground" and he went on to say that it was in the Garden of Gethsemane that Christ said, "Not my will, but thine be done." It is our privilege and our sacred trust as nurses that we often share with patients their hour of Gethsemane when we can help them to feel the presence of God, His reassurance, His understanding, His strength. We are there when this surety of the presence of a loving God is their only security. We are with them and with their families in a multitude of circumstances where their prayers mingle silently with our own in a mutual recognition of the need of God.

The story is told of that time in England early in World War II when Britain stood alone against the onslaught of bomber invasion, when the planes roared overhead from dusk until dawn, when no one knew with certainty what lay ahead but all around destruction grew nightly. Outside a

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little country church a crude little sign appeared which said simply, "If your knees knock, Kneel on them."

In nursing, we come to know fear as a normal human experience — fear which is not confined only to those crucial hours of disaster and death, but which evidences itself in a myriad of ways in our everyday living; fear and anxiety sometimes of which neither the patient's relatives nor the patient himself have any clear understanding. Because we are brought by the very nature of our work into an intimate relationship with our patients where these fears become known and these anxieties find expression, because we share with them some of their innermost thoughts in their hours of greatest need, because we go as Christ did into their homes and day-by-day living — this unique relationship presents to us not only a sacred opportunity but a serious trust. Christ's ministry of healing was one of compassion, as ours, if it is to be Christian, must be. It is not our privilege as Christ did not make it His, to coerce others through this service to Christianity. Christ simply saw the needs of man, and being moved with compassion toward them, healed them. The very motivation for His ministry of healing was the fulfilment of His patient's needs as He in His divine wisdom saw them. As Christ has said, "It is enough for the disciple that he be as his master and the servant as his lord."

I am reminded of that famous painting of our Lord which illustrates the text, "Behold I stand at the door and knock." You will remember that on the side of the door where He waits there is, significantly, no knob, so that the opening of the door must be made by the one who would have the Christ enter. In the service which we as nurses render to our patients, if we are Christian, when that hour comes for them when they become undeniably conscious of their need of God, it may well be that we can help them to open that door to Jesus who has said, "I am come that ye might have life and that ye might have it more abundantly." Ellen Frances Gilbe has said:

Let me be quiet now, and kneel,
Who never knelt before,
Here where the leaves paint patterns
light
On a leaf-strewn forest floor;
For I, who saw no God at all
In sea or earth or air,
Baptized by Beauty, now look up
To see God everywhere.

Perhaps we can help our patients to find God in unexpected places, and sharing in the beauty of our fellowship with Christ, kneel in the quietness, only to look up and find God everywhere.

Pursuing this thought a little further we realize that our patients are not the only people with whom we are concerned in nursing. When we consider the myriad of people with whom we mingle from day to day and the cross-section of humanity with whom we come in contact, we are faced again with an ever-broadening challenge and deepening trust. There are the folks who share with us the care of our patients in hospital — the maids, the orderlies, the nursing assistants, our fellow nurses (student and graduate), the laboratory technician, the pharmacist, the x-ray attendant, the ward garbage collector, the floor cleaner, the doctor, the physiotherapist, the social service worker, the clergy; the people with whom we deal either directly or by telephone who come into the environment of the patient — all his relatives and friends, the florist, the ambulance driver, the newsboy, the visiting barber, the newspaper reporter; in the public health field, the teachers at the school, the young impressionable children, their parents in the home. I wonder, if we were to keep a record for even one week, just how many people there would be whose lives we touch, how many walks of life they would represent? And coming to individuals, I wonder how many deeply personal problems, joys and tragedies we come to share in varying degrees? I doubt if few people ever touch so intimately so many lives just in the unfolding of every day. It's a sobering thought, isn't it? and a terrifying one. It was Lord Tennyson who said, "I am a part of all that I have met."

I wonder if that part which we gave

to others through our influence, which must be felt whether we will or not, was such that they were uplifted by it? Did it give them new courage to go on or did it lead to despair? Did it help them to believe in the goodness of others or did it cause them to draw into themselves or go to others for the solace they failed to find in us? Could they count on our honesty and straightforwardness, our adherence to standards, or were they confused by our seeming inconsistencies? Were we sensitive to the needs of others and helpful in the little ways or was our concern only for ourselves? Did we mingle with them in such a way that they came to us as so many did to Christ, being sure of our kindness and our interest or did they carry their burden alone for lack of a listening ear? What would our response to them have been and what would they have found in us if the motivation which prompted the service where their lives touched ours had been truly Christian? Putting it briefly, "What do we do to the vast throng of people we meet in nursing?"

Looking again to Christ who was ever willing to show us the way, I am reminded of perhaps my favorite poem which expresses very simply yet eloquently the continuing influence of our Lord. It is called "Because a Child was Born."

Still Bethlehem the town
Lies where it lay long years ago,
Its olive orchards basking in the sun,
Its hillside set with lilies red and white.

Still brown-faced children play
Through crooked streets
And wander on the hills,
Still men sow seed and harvest grain,
Still women bake,
Still runs life's endless circle
Round and round
And common days are filled with
common toil.

But all the world
Goes the more bravely to its task
Because, once, long ago,
A little child was born
In Bethlehem.

Do people go the more bravely to their task because their lives are linked in a greater or lesser degree in their daily living with ours?

Let us look now at the second aspect of our topic, "What do we mean by Christian motivation?" This means for me simply that we believe in Christ and in the principles which He taught. We believe that these same principles can underly and activate the service which we render. It would be impossible at this time for us to look at all the principles which Christ taught and apply them to nursing but the consideration of a few may stimulate us to ponder over others as we work in our own branch of nursing in the days to come.

I have referred already to the fact that Christ's ministry of healing was one of *compassion*. To me this denotes a deep understanding of the sick whom He encountered, a love for them prompted by their very need, a gentleness of attitude toward them. Someone has said that:

> Gentleness is love in society, it is holding intercourse with those around it, it is that cordiality of aspect and that soul of speech which assures us that kind and earnest hearts may still be met with here below; it is that quiet influence which, like the scented flame of an alabaster lamp fills many a home with light and warmth and fragrance altogether.

If we bring to nursing that sympathetic understanding of our patients with which Christ approached them, if we identify ourselves with their needs as He did, if we move with a gentle aspect among them we can make felt that quiet influence which, like the scented flame of an alabaster lamp, can fill for the patient the home which is his at the moment with light and warmth and fragrance altogether. The compassion which Christ demonstrated is sorely needed to bring the warmth into our nursing which reaches the hearts of our patients.

Again we know that frequently Christ said in saluting those who had come to Him for healing, "Be of good cheer." Christ's mission was a cheerful mission which leads us to believe that the *need for joy* in the lives of the people He encountered was as great as the need for joy in the lives of the people it is our privilege to serve. There are two little

quotations here which illustrate my point. The first has to do with pleasant people and goes something like this:

> Pleasant people make a dull day cheerful; they have somewhat of the same effect in a room as an open fire or a bouquet of flowers; they make us feel for the time as if everybody was pleasant because they are.

We cannot always explain why they are so pleasant. They may not be beautiful, they are often plain; they are not always robust people; they are sometimes invalids; they are not always the wittiest; but they possess a magic superior to all these which dwarfs the wit and cleverness of others and makes these of small value beside their own attractiveness. The second quotation is entitled "The Joy Makers" and it says,

> There are souls in the world who have the gift of finding joy everywhere and leaving it behind them where they go. Joy gushes from their fingers like jets of light. Their influence is an inevitable gladdening of the heart.

We have reason to believe that Christ believed in the Joy Makers and that His patients, as ours, needed someone who could, by their presence and their personality help with this "inevitable gladdening of the heart."

Just as important is Christ's emphasis in His teachings on *humility*, on the need for the one who would be greatest to be servant of all, on the importance of the simple task of supplying "the cup of water to one of the least of these." For Christ no service was too humble either for Himself or for His disciples. In a service where the little things are often what are needed most and the most humble service that for which the patient is most grateful we cannot overlook this.

I remember one dear little old Irish lady during my training whose people had remembered to bring her buttoned shoes so she could get up and that meant she looked forward to a whole new phase of living. She could hardly wait to show them to me the morning after they arrived. I can recall, too, going with a group of students to visit a sweet little lady of 80. The first thing she told me was that she hadn't slept very well the night before and her little nurse had made her a cup of tea. Two weeks later she was still talking about it.

There are little things too that we would like to forget but we wonder if the patient does or can — the ice cap that became a hot water bottle before we remembered to bring another; the tray set down beside a patient with a cast on one hand with no provision made to cut his meat or butter his bread; the basin of bath water which was not very warm in the first place and was definitely cold before it was changed; the time Mrs. Jones seemed worried about something but we were too preoccupied with our own thoughts to really find out the source of her concern; the patient in a single room whom we left with no bell while we went off duty for three hours; and yes, too, the patient who was unable to care for herself whom we somehow left on a pan for an interminable length of time! Perhaps Michael Angelo was not wrong when he said that "Trifles make perfection and perfection is no trifle."

I do not feel that the emphasis on the humble task was made by Christ in order, primarily, to emphasize the importance of details. It signifies rather a willingness to contribute in whatever way is needed most at the time. To me it is significant that when Christ talked to His disciples, giving them instructions as to how to carry on His ministry, He talked to them as a group. There was no singling them out for special tasks nor for special status. To each and all alike He said, "Go ye into all the world and preach the gospel... and lo! I am with you alway." His parable of the talents teaches us that each in our several ways, according to our own potentialities, has a contribution to make. Everywhere in His exhortations we are led to believe that these abilities of ours are directed toward one common goal — of reaching the hearts of men with the love of God. We need to humble ourselves like little children and, keeping the channels open for direction from God, be willing to be led by Him to that service which is most fitting in His sight.

This brings us into the realm of interpersonal relationships and offers us a solution to the problems therein

on the basis of a cooperative Christian spirit. We talk today about team nursing. While it is considered a comparatively new development in our professional field the spirit of that concept was present when Christ walked with His disciples on the shores of Galilee and helped them to understand how they and all who follow Him must work together as one with Him. In an *International Nursing Bulletin* I found this prayer by Mary Stuart:

> Keep us, O God, from all pettiness; let us be large in thought, in word, in deed. Let us be done with fault-finding and leave off self-seeking. May we put away all pretence and meet each other face to face without self-pity and without self-prejudice.
>
> May we never be hasty in judgment and always be generous.
>
> Let us take time for all things, and make us to grow calm, serene and gentle. Teach us to put into our actions our better impulses, straightforward and unafraid. Grant us that we may realize that it is the little things of life that create the differences, that in the big things of life, we are as one, and O Lord God, let us not forget to be kind.

Acute Laryngotracheo Bronchitis

ANN O'RAFFERTY

LARYNGOTRACHEO BRONCHITIS is an acute, often fulminating respiratory infection characterized by tracheitis, bronchitis, potential obstructive laryngitis, severe dyspnea, and high fever. It may be caused by hemolytic streptococci, staphylococci, and hemolytic influenzae and sometimes, though less often, pneumococci. The mucous membranes of the larynx, trachea, and bronchi are acutely inflamed. Edema is severe, and this, together with the copious, tenacious mucus, constantly secreted, threatens to block completely the subglottic area of the larynx or bronchi, or both. Atelectasis occurs in the lung when smaller bronchi become obstructed and often pneumonia develops almost as part of the disease rather than as a complication. The dyspnea begins with difficulty in inspiration. Later there is difficulty in expiration as well. A tracheotomy often has to be performed.

I chose this condition for my case study because it is such a significant illustration of the constant need for good nursing care and medical skill in saving the life of the patient. My concern was centred around an eleven-month-old Canadian boy named David.

Miss O'Rafferty, who is a student at Halifax Infirmary and Mount St. Vincent College, received the second prize in the 1954 Macmillan Award.

David was admitted to the hospital at 5:45 p.m. on September 11. He had dyspnea which had become progressively worse during the last three days prior to admission. He was unable to sleep at night. The physical examination revealed a wheeziness with difficulty in inspiration and expiration. There was subcostal and substernal indrawing. There was also some infection of the throat and edema of the epiglottis. His temperature was 101°, pulse 114, and respirations 38.

The mother was not too sure of the exact ages of early development but said, "David was a smart baby." He cut his first tooth at nine months and had six teeth by the time he was eleven months old. He could stand with support at ten months and alone at eleven months. Apart from a "rupture" at the age of four months, a history of eczema on face and wrists, and a slight strabismus in his right eye, our little patient's physical condition was good. The eczema had appeared at the age of two months, soon cleared up, but returned on the inside of the knees two weeks prior to admission. David had not been breast fed but had received an evaporated cow's milk formula for seven months, then whole pasteurized milk with sugar was given. Cereal and fruit juices had been added to his diet at the age of eight months; he had been receiving a vita-

min preparation for the past four to five months.

The immediate treatment for acute laryngotracheo bronchitis consists in placing the child in an oxygen tent with a high humidity, administering antibiotics and if he is very restless, giving sedation. Suction equipment should be at the bedside. If there is no improvement, preparations should be made for an emergency tracheotomy.

When David was admitted he was immediately placed in an oxygen tent, humidified to 100 per cent, and given penicillin "G" 300,000 units with streptomycin 0.25 gm. intramuscularly. The pulse and inspirations were checked every fifteen minutes. Because his pulse and respirations increased to the danger point, a tracheotomy was decided upon. At 8:30 p.m., he was examined, then given atropine gr. 1/400 subcutaneously and taken to the operating room. The following is descriptive of the routine procedure in a tracheotomy.

> The patient is placed flat on the operating table and a local anesthetic administered. No pillow is used though a thin sand bag is placed under the shoulders. The head is extended and held straight, thus bringing the trachea near the surface. An incision is made below the cricoid cartilage. The muscles are then cut and separated. The isthmus of the thyroid is now encountered and is pulled upwards; the trachea is thus seen. An opening, equal in diameter to that of the tracheotomy tube, is cut into the cartilage. The tube placed therein is held in position by a piece of cord tied around the neck. If, at any time, the tube slips out, the obstruction can at once be relieved by holding the skin edges and muscles apart with a hemostat until the tube is replaced. When the tracheotomy tube is in position the underlying skin is covered with gauze.

When David returned from the operating room his breathing was easier and his pulse and respirations were slower. An intravenous of 500 cc. of 5% glucose and water was started. The solution, given at the rate of ten drops per minute, ran almost continuously for two days. Oxygen and an oxygen croupette or tent were ready for him on his return and he was placed in it immediately. A suction machine was available in the room too. It was used frequently because of the thick exudate that collected in the tube. In addition, an emergency tracheotomy tray was kept at the bedside in case of obstruction of the tube which could not be corrected by suction. Constant watchfulness and good nursing care are most necessary to save the life of such a sick child.

The first night David slept at intervals though he was irritable the latter part of the night. He was suctioned frequently and his pulse ranged from 100-130 per minute, with respirations from 28-40 per minute. During the days following, he "coughed" the tracheotomy tube out twice but it was replaced each time with little difficulty. He was given seconal gr. ¾ on two nights for restlessness.

The days after the operation, the baby was given sips of sterile water which he retained; the next day he was given whole milk which he took eagerly and with no untoward results. Intravenous solutions were then discontinued. On the fifth post-operative day he was removed from the oxygen tent but later replaced because he developed slight dyspnea from the exudate that was still present. Varidase was ordered. This is a detergent that is put into the tracheotomy tube to dissolve the exudate. A solution prepared by adding 12 cc. of normal saline to one vial of varidase, was put into a glass flask attached to the oxygen tent. This was given every four hours. The oxygen in passing over the solution carries the varidase into the tent.

On the following day David ran a high fever and irregular breathing developed. The penicillin was discontinued and the streptomycin was decreased by an eighth of a gram. Aureomycin drops were then commenced, 25 mgm. every six hours. Tepid sponges were also given for the elevated temperature. Because oxygen therapy was being carried on alcohol could not be used and lukewarm water served the purpose. A culture of the exudate in the tube revealed Staphlococcus *pyogens* which is resistant to all antibiotics except erythromycin and

is moderately sensitive to chloromycetin. Oral feedings were discontinued and intravenous therapy resumed. The next day erythromycin was ordered, 30 mgm. every six hours; later this was changed to chloromycetin oral suspension, 140 mgm. every six hours.

Two days later, as progress was being made, whole milk feedings were resumed and the intravenous therapy, aureomycin and streptomycin were discontinued. Supplementary feedings of 5% glucose and water were offered between the whole milk feedings. During these days David had to be almost continuously suctioned. The cannula, which became obstructed frequently from the exudate, was cleansed with baking soda. A few general principles of suctioning are:

1. Suctioning should be done gently.
2. Suctioning should be intermittent rather than continuous.
3. The catheter should be small enough to fit into the outer cannula with space around it.
4. The catheter should be inserted only a very little way beyond where the tube ends.
5. The tube must remain in place — the cord around the neck must be checked often.
6. If the tube comes out, keep the incision open with a hemostat.
7. Good hygiene of the skin around the tube is essential.

Thirteen days after the operation, the varidase was discontinued as David's condition was much improved and he was put on a soft diet. The following day the chloromycetin was discontinued and the erythromycin decreased to 25 mgm. every six hours. As he was lacking vitamins a combination of iron and vitamins was added to his diet. Progress continued and he was put on a suitable diet for his age which included cereal, bread, eggs, milk, vegetables, fruit, and meat or fish. Secretions from the tube continued to be large in amount. The tube was not removed until 46 days after the tracheotomy. This was done gradually by closing the tube at intervals until he learned again to breathe through his nose. After the closure there was still some obstruction but he was able to continue without the tube.

During all this time David had to be reassured and loved. He showed his fear when the cannula became blocked and disliked the nurse to touch the tube and cord. He cried when his mother visited him and he was bewildered to find that he could not be embraced by her since he was in an oxygen tent. However, he was a cheery baby and was happy most of the time. He loved to play with a small toy and would smile up at the nurse. Finally, after seven weeks in the hospital, he was discharged in good health and happy even though he had had a long and frightening illness.

The laboratory tests taken during David's hospitalization were as follows:

Urinalysis	Negative
Kahn	Negative

Date	Hemoglobin	W.B.C.	Neutro.	Lymph	Mono.
(Normal)	13 - 15 gm.	5,000 - 9,000	60% - 70%	25% - 33%	2% - 6%
September 11	12.4 gm.	8,250	87% - 58%	6% - 40%	1% - 1%
October 17	9.0 gm.	26,000	21%	79%	—
" 27	10.2 gm.	10,000			
" 29	—	9,000			

An x-ray was taken for the investigation of the condition of the lungs and it was negative.

The nursing care of a tracheotomy in a small child is a constant and important task. The child must never be left alone, for if there is any obstruction to the cannula it will mean certain death.

Each nurse is given a detailed report of the child's condition when coming on duty and the chart is carefully checked. During her work the nurse must keep diligent watch over him. Pulse and respirations readings are taken every 15 minutes for the first few days or at least until his condition is stabilized. The child is suctioned frequently because the cannula is easily blocked with mucus, usually thick and at first often bloody in nature. The feedings of sterile water given every two hours begin on the third post-operative day. Very small amounts are given at a time in case

of obstruction. Care must be taken to watch the respirations and for any sign of cyanosis during the feeding. If there are intravenous solutions running they must be checked hourly for measurement of the intake. One must note, too, if the solution is running as it should and keep in mind the possibility of the solution infiltrating the tissues.

The child is bathed as gently as possible and given a clean change of linen. Diapers should be changed whenever necessary to prevent irritation of the skin. The oxygen supply must be checked. In the type of tent used for this child, the ice had to be renewed in the box. Intake and output records should be kept. The patient's condition should be charted every fifteen minutes for the first few days. When suctioning the child one must be sure that the catheter extends below the end of the tube. The cannula should be washed and cleansed with pipe cleaners. Every few hours it should be changed for a clean one.

It is important to understand that the baby's needs must be anticipated at all times as he cannot talk, and he should be reassured constantly. The most important responsibility of the nurse, as has been stressed, is to keep the airway free from obstruction. The ordered medications must be given on time, feedings must be given as ordered unless the patient's condition changes. When the temperature is elevated tepid sponges are given, although alcohol must not be used when the oxygen is running. The temperature is checked every four hours.

If there is complete obstruction to the tube and the catheter cannot remedy the condition, the whole tube should be removed and the doctor called immediately; in the meantime, the child's head should be drawn back and the muscles separated with forceps. This enables him to breathe until another tracheotomy tube can be inserted. The atmosphere inside the tent should always be moist and cool to help prevent the obstruction of the cannula by the exudate. The child must be kept dry and, usually, light clothing is preferred. The nurse must never leave the child, even for one moment. Each nurse should have an understanding and sympathetic attitude towards the parents.

When the child returns home, his parents should be told to watch for any recurrence of the condition and receive some instructions on the immediate treatment. In a home a croup tent could be set up until the doctor arrives.

No teaching could be given to the child as he was too young, but security and love were given him. His parents had a better knowledge of his condition and his mother was pleased to know that her child had been given love, tender care, and good medical attention. The child went home well and happy.

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Two thousand years before Christ, the Egyptians wrote on papyrus. Around 100 A.D. the Chinese made paper from mulberry bark, bamboo and fish nets. In the 19th Century a German, F. G. Keller, produced the first paper from wood pulp. Before wood pulp was discovered, circulation of newspapers and books was minute. Today 50 million newspapers are printed in a single day; 20,000 magazines publish 500 million copies a year. New Yorkers consume twice as much paper as all of Africa, South and Central America.

* * *

The reason so few reach the top is because no successful method has yet been devised by which a person may sit down and slide uphill.

— TONY WONS SCRAPBOOK
(The Reilly & Lee Co.)

Tuberculosis in Pregnancy

LOIS GUERARD

THIRTY YEARS AGO, the prognosis for the pregnant tuberculous patient was so bad that termination of pregnancy was usually advised. At the present time, the prognosis, far from being poor, is fairly good and actually considered somewhat beneficial to the tuberculous patient.

Pregnancy is not considered a complication of the disease, but a complication of the treatment. The pregnant tuberculous woman usually feels better than before her pregnancy. Cough and other symptoms decrease. Pregnancy acts as a form of phrenic nerve paralysis, splinting the lung and putting it at rest.

After delivery, however, severe prolapse is prone to occur. This may be caused by the sudden drop of the diaphragm tearing the fibrous tissue in the healed lesion. Another factor of this relapse may be the increased strain that is placed upon the mother during delivery.

Until very recently, tuberculosis was the most common cause of death in women of the child-bearing age. Tuberculin tests and x-rays are now included as an essential part of prenatal care, in order to find the disease early and get the patient under treatment.

Interest has been taken in the use of x-rays as part of the required premarital medical examination, in an attempt to control the marriage of tuberculous persons. This is enforced in Rhode Island, where applicants for marriage must present certificates signed by a licensed physician, showing that they do not have tuberculosis in an infectious stage.

If, however, a woman acquires tuberculosis after marriage, she is advised by both chest specialists and obstetricians, not to become pregnant until the disease has been arrested for at least two years, as proved by x-ray and sputum studies.

Miss Guerard is from St. Joseph's General Hospital, Port Arthur, Ont.

There has been great controversy as to the beneficial effects of terminating pregnancy in the tuberculous patient. If one excludes personal prejudices and religious beliefs, the issue is generally determined by the progressive nature and widespread distribution of the disease, and by its unsuitability for therapeutic measures, including chemotherapy.

At term, all efforts are directed toward making the confinement as easy as possible. Analgesics and sedatives are administered when needed. Labor is eased with a general or intravenous anesthetic. Hemorrhage must be prevented, as the patient cannot afford to lose much blood. The main points in delivery are: to relieve pain, to save energy and to prevent loss of blood.

After delivery, if pneumoperitoneum therapy is used, it is not given until after the abdominal muscles have had time to regain their tone. Meanwhile, an abdominal binder may be ordered.

Immediately following delivery, the infant comes under the care of the consultant in pediatrics. Breast feeding is not permitted as there is too great a danger of the infant becoming infected. One of the most important post-partum responsibilities of the physician, is to allay the fears of the parents that the child will have tuberculosis. Actually, congenital tuberculosis is very rare.

The tuberculous state must be recognized, immediately after delivery, because if the disease is under control the prognosis is good. Unless the lesion is well controlled and sputum is negative, a high percentage of women with tuberculosis die within a year after delivery of the child.

The argument favoring intervention rather than non-intervention, is not borne out by results that have been recorded. Taking everything into account, the lung lesion is probably the principle factor influencing prognosis, treatment varying to suit the needs of each individual.

B.C.G. is sometimes given to infants six weeks after delivery. They are first tuberculin tested to rule out congenital infection and, if negative, given B.C.G. In the case of the mother who is living at home, the baby may be put into a foster home for six weeks by which time it should have become positive. He may then be returned to his home and kept under close observation by the doctor and public health nurses.

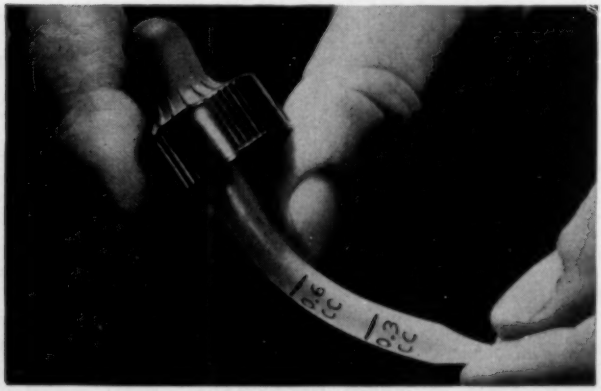
McArthur Hall

Miss Helen McArthur, national director of nursing services of the Canadian Red Cross Society, who is at present serving in Korea as associate coordinator of relief for the League of Red Cross Societies, has been honored by the Korean Red Cross Societies. As long as there are nurses at the Seoul Red Cross Hospital, long after her mission is completed, her name will be on the lips of the staff living in **McArthur Hall,** the newly rehabilitated residence for nurses. The building was so named as a special tribute to Miss McArthur, whose inspiration and counsel contributed so much to its completion.

Cutting the Ribbon

Miss McArthur has been in Korea since July of 1954 in her present position. In addition to coordinating all foreign Red Cross aid in Korea, she has been acting as adviser to the Korean Red Cross Society, which is making a determined effort to rehabilitate itself and meet the humanitarian obligations of Korea. Miss McArthur's advice in the field of nursing has been invaluable.

New Medicine Dropper



Mead Johnson and Company of Canada Limited announces a new calibrated nonbreakable dropper for dispensing vitamin drops to children. The flexible plastic dropper, called Safti-Dropper, will soon be reaching the market with four Mead vitamin products. The dropper is hygienically packaged, sealed in sanitary cellophane wrappers.

NURSING EDUCATION

Méthode pour l'Enseignement du Soin des Malades

Soeur Cécile Labonté, s.g.m., Bc.S.H.

L'enseignement de l'art du soin des malades se place au premier plan dans le programme d'étude du cours d'infirmières. Ce rang occupé dans l'ordre chronologique, il le tient également dans celui de l'importance.

En effet, quoique le dictionnaire définisse le mot technique (grec tekhne: art "ensemble des procédés d'un art"), lorsque nous appliquons cette définition à l'art du soin des malades, nous réalisons immédiatement qu'elle est forcément incomplète; puisque les procédés qui le constituent reposent sur les principes d'un grand nombre de sciences, tant biologiques que médicales, sociales et morales. De plus, le tout est orienté vers la personne humaine atteinte dans son bien matériel le plus précieux: la santé.

Dans nos écoles d'infirmières c'est au cours de cet enseignement surtout, que l'obligation d'une intégration (intégrer: du latin integrare: "rendre entier, complet") bien comprise et étendue se fait sentir davantage. L'institutrice est sans cesse devant la nécessité de faire connaître, aux étudiantes, les bases sur lesquelles s'appuie l'enseignement qu'elle donne. Corrélation continuelle qui développe le sens scientifique de la jeune infirmière et la prépare à réaliser chez ses malades, une application intelligente et judicieuse de chacune des sciences du Nursing; ce par le truchement de la technique.

Mais, l'intégration ne sera complète que si tout se fait en vue du malade, concrétisé de telle sorte que tous les actes posés par l'institutrice et l'étudiante soient influencés par le sentiment qu'elles les accomplissent en présence d'un malade; personne humaine avec ses réactions: corps et âme, et ses besoins corporels, psychologiques, sociaux, moraux, religieux.

En pratique, il est impossible que tout l'enseignement de l'art du Nursing soit réalisé au chevet du malade lui-même. Aussi est-il souhaitable que notre enseignement soit organisé de telle sorte, que les situations présentées au cours de l'apprentissage des techniques, se rapprochent de celles rencontrées dans la pratique, auprès de véritables malades.

Une expérience, dans ce sens, faite aux Etats-Unis et relatée dans *American Journal of Nursing*, July, 1950, nous a semblé réaliser les conditions voulues pour une intégration plus complète, partant plus favorable à l'éducation de l'étudiante-infirmière. Nous avons tenté l'expérience il y a quatre ans; et nous continuons depuis à nous servir de ce procédé avec grande satisfaction.

Cette méthode appelée "de situation" consiste à présenter à l'étudiante un malade fictif auquel elle devra apprendre à donner graduellement tous les soins requis par son état. Ce dans l'ordre régulier suivant lequel ces soins sont donnés dans les services, et pendant la période s'étendant de l'arrivée du malade jusqu'à son départ de l'hôpital.

La situation est préparée à l'avance. Copie en est distribuée à chaque étu-

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diante, lui permettant de ce fait, un meilleur intérêt et compréhension de l'ensemble de la situation au fur et à mesure de l'étude qu'elle en fait.

Nous pouvons par cette méthode enseigner la plupart des techniques fondamentales en quatre situations. A titre d'illustration, nous donnons ci-dessous la première situation, évidemment la plus longue, et dont l'étude demande environ 55 à 60 heures de classe et démontrations.

Madame Casgrain, Canadienne française, est allée voir le médecin à son bureau. Le médecin lui a recommandé de se faire admettre à l'hôpital pour une appendicectomie le lendemain. Les arrangements pour l'opération ont été faits avec un chirurgien. Madame Casgrain demeure à 618 rue Détroit. Son mari Jean, travaille à la Dominion Silk, Drummondville, et gagne à peu près $1.60 de l'heure. Madame Casgrain a trois enfants; une cousine est venue en prendre soin pendant qu'elle est à l'hôpital. Elle fut admise à l'hôpital Ste-Croix à 2:30 heures p.m. pour y être opérée le lendemain à 9:30 heures.

A l'admission, une formule d'admission fut remplie et Monsieur Casgrain a signé le permis d'opération. Elle fut ensuite conduite au quatrième étage dans une chambre de quatre malades.

L'étudiante-infirmière qui la reçut prit soin de ses effets personnels, prit sa température, pulsation, respiration, obtint un spécimen d'urine pour analyse, fit la réquisition et ouvrit le dossier. Elle nota que Mme Casgrain avait des douleurs abdominales modérées. (Bain à la baignoire)

Le médecin fut averti de l'arrivée de sa patiente et il ordonne une diète légère pour le souper. Il visite Mme Casgrain vers 6:30 heures, fait son histoire médicale et fait un examen physique complet. Ses ordonnances sont:

Lavement savonneux
Nembutal 1½ grain au coucher
Rien par la bouche après minuit
Morphine ¼ et atropine 1/150 en injection à 8:30 heures, a.m.
A la salle d'opération pour 9:30 heures.

L'aumônier visite et confesse la malade vers 7:00 heures p.m. L'infirmière donne le lavement vers 8:15 p.m. et fait le rasage pré-opératoire.

Mme Casgrain reçoit son sédatif à 9 heures et s'endort. Une note "A jeun" est mise au tableau noir. Mme Casgrain dort bien jusqu'à ce qu'on l'éveille pour la prise de température. On la prépare ensuite pour la Sainte Communion. Puis c'est l'heure du bain et la préparation pour la salle d'opération; on lui donne son injection. La civière est apportée à 9:20 heures, et Mme Casgrain est conduite à la salle d'opération. Pendant qu'elle est partie, l'infirmière prépare un lit d'opéré.

Au retour de la salle d'opération, les ordonnances inscrites au dossier sont les suivantes:

Prendre la pression artérielle toutes les ½ hrs pendant 4 heures.
Si la pression est plus basse que 100 donner Percorten 1 c.c. intra-musculaire — répéter si nécessaire aux 2 heures.
Tourner la patiente toutes les ½ heures et l'encourager à prendre des respirations profondes.
Morphine ¼ pour trois doses.
Glace sur abdomen.
Diète liquide aujourd'hui, solide le plus tôt possible (steak).
Lever ce soir.
Cathétériser toutes les 8 heures, si nécessaire.

Signé: Chirurgien.

Mme Casgrain est encore inconsciente quand elle revient de la salle d'opération. L'infirmière demeure près d'elle jusqu'à ce qu'elle soit consciente, prenant son pouls et sa respiration, sa pression artérielle et surveillant le pansement. A 1:30 heure p.m. la pression artérielle de Mme Casgrain est 88. On lui donne 1 c.c. de Percorten I.M. A 4:30 heures, l'infirmière aide la malade à marcher autour de son lit. Comme elle n'a pas uriné depuis son opération malgré l'essai des petits moyens, l'infirmière fait un cathétérisme à 5:00 heures p.m.

Son mari vient la voir le soir et consulte l'infirmière. Mme Casgrain est agitée et souffrante. On lui donne une dose de morphine au coucher. Le lendemain, l'infirmière se fait un plan de soins pour Mme Casgrain, qui comprend les ordres du médecin, les soins généraux, hygiène mentale, observations importantes à faire et l'enseignement de la patiente.

Vers 9:30 heures, le médecin visite la malade et prescrit un lavement, le lever de la malade.

Le lendemain, diète généreuse; elle a son congé. L'infirmière lui parle des soins à prendre à la maison, la quan-

tité de travail qu'elle peut faire, et quand elle devra retourner chez le médecin.

M. Casgrain vient la chercher vers 2½ heures et acquitte le compte. L'infirmière prépare sa malade pour le départ et la conduit à la porte en chaise roulante pour épargner ses forces.

Cette situation dont l'étude se poursuit pendant près de deux mois, permet à l'étudiante d'étudier et de pratiquer 33 techniques; ce dans l'ordre de la situation donnée.

Ainsi, lorsque Madame Casgrain est admise à l'hôpital, les étudiantes, après avoir procédé à la préparation de la chambre: désinfection, technique du lit fermé; vont au Bureau d'admission observer les procédures d'admission d'une malade choisie parmi le groupe. Cette dernière, pour la circonstance, prend le nom: Madame Casgrain. Elles apprennent alors non seulement les formalités indispensables tels que: questionnaire, signature du permis du traitement; mais on leur fait connaître encore l'importance de chacun de ces items; les conséquences qui peuvent survenir à la suite d'une formule insuffisamment remplie. On leur dit également où sont distribuées les duplicata de la formule d'admission et pourquoi.

La malade est ensuite reçue au département où l'étudiante-hôtesse la reçoit, la conduit à sa chambre, lui aide à se mettre au lit, tout en lui faisant connaître quelques réglementations de l'hôpital; le fonctionnement de la cloche d'appel, de l'inter-communication, etc. Les étudiantes font alors la connaissance du dossier médical; en préparent un; y inscrivent les premières observations relatives à cette nouvelle malade. Une feuille de température et d'observation sont remises à chaque étudiante; elles y inscrivent les observations nécessaires pendant toute la durée de l'hospitalisation de la malade. Les autres feuilles du dossier, les rapports d'examens de laboratoire, de Rayons X etc., sont au tableau d'affiches, complétant ainsi le dossier de la malade.

A noter que ces différentes techniques, comme du reste toutes les autres, sont vues d'abord théoriquement en classe avant leur application pratique.

Il est évident que ce mode d'enseignement demande plus de préparation de la part de l'institutrice. Il peut également augmenter quelque peu, le nombre d'heures donné à l'enseignement de cette science. Les situations doivent être soigneusement préparées. De plus, l'on emploie plus d'une fois le même matériel de démonstration. Ainsi les techniques des injections étant apprises au moment du besoin de la situation, le matériel nécessaire est utilisé chaque fois qu'un mode d'injection différent est prescrit pour le malade. Il en est de même pour les autres techniques.

Cependant les avantages que nous trouvons à cette méthode sont de beaucoup supérieurs aux légers inconvénients cités.

Ainsi par le truchement de la situation, l'étudiante est mise immédiatement devant un malade — et non une technique — malade avec son entité physique et psychique, dans son cadre familial, économique, social et religieux. Pour créer cette atmosphère, nous faisons tout d'abord une étude sommaire de la situation considérée dans son ensemble. Nous dégageons surtout les problèmes humains qui devront être sans cesse présents dans les esprits, au fur et à mesure de l'étude détaillée des techniques comprises dans cette situation. Puis au cours des classes subséquentes, nous étudions en détail ces problèmes, essayant d'y apporter les solutions opportunes. Nous pouvons ainsi intégrer très facilement à la technique, des notions de déontologie, de sociologie, de morale, de religion, d'hygiène physique et mentale, etc. favorisant chez la jeune fille la compréhension totale du malade.

L'enseignement traditionnel de la technique du soin des malades, à cause de la répétition d'actes matériels qu'il comporte risque parfois de devenir une source d'ennui, lorsque ces actes ne sont pas motivés par une situation réelle. Nous remarquons que l'enseignement sous forme de situations, obvie à ce danger. Tout d'abord parce que sans cesse orienté vers tel malade, et aussi parce que chaque technique est enseignée au fur et à mesure que l'ordre réel et chronologique du soin du malade l'exige. Il est à remarquer

que les étudiantes font des visites d'observation dans les différents départements où le malade devra se rendre pour des raisons diverses: ex: bureau d'admission, R.X., laboratoire et ceci au fur et à mesure de l'ordre de la situation.

Nous constatons également que la jeune probaniste s'adapte plus rapidement à l'hôpital lorsqu'elle se rend auprès des malades. Elle a été mise devant le soin intégral d'un malade dès le début de sa probation; le dossier médical y compris. Elle sait davantage les routines d'organisation des divers soins et traitements. Par le fait même leur application risque moins de lui faire perdre de vue le malade auquel ces soins s'adressent.

Cette méthode de "situations" ne renverse pas les procédés habituels d'enseignement de l'art du soin des malades, telles que: démonstrations, application de la technique sur le mannequin, ou application entre étudiantes de certaines techniques. Au contraire, ces procédés, essentiels à un bon apprentissage, sont largement utilisés. Ce que cette méthode favorise, c'est l'attitude d'esprit vis-à-vis du soin des malades. Elle unifie tout, elle suscite et conserve l'intérêt pour le malade, elle prépare l'étudiante à entrer dès le début en contact humain avec le malade.

Le plus grand avantage que nous lui ayions trouvé est peut-être encore celui ci: constituer pour l'institutrice une source d'enthousiasme sans cesse renouvelé, par l'absence de monotonie qui résulte de l'utilisation de cette méthode. De ce fait l'enseignement est plus vivant. Par voie de conséquence, il contribue à développer et à conserver chez l'étudiante l'amour pour cet art, le plus humain de tous.

Nursing Science, an Integrated Course

DOROTHY L. HILL

NURSING IS AN ART based on scientific principles and, therefore, it is necessary for the student nurse to acquire a knowledge of certain aspects of some of the physical and biological sciences. The information that is considered necessary by the writer has been assembled in one course called "Nursing Science." It is believed that the subject matter is more meaningful to the student when presented in this way and, at the same time, unnecessary repetition is eliminated.

The aim of the integrated science course is to correlate the biological and physical sciences to give the student basic information in anatomy, physiology, microbiology and chemistry, and to provide a body of knowledge which will serve as a basis for the study of nursing and for recognizing deviations from normal body function. The objectives of the course are as follows:

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1. To develop a favorable attitude toward normal healthy body.
2. To develop an appreciation of the importance of the application of microbiological principles to all phases of nursing and realize the part played by microorganisms in the life of man.
3. To develop in the student a method of thinking through the application of scientific principles in the solving of problems or in the interpretation of life situations.

The following outline shows the correlation of classroom and laboratory content. Lectures, which include the use of various audio-visual aids, are given one hour per day (five hours per week) commencing the first week of the student's educational program. Total lecture time is 108 hours. In addition, 28 laboratory periods are held, each two hours in length. From the second to the seventh weeks, inclusive, two periods are conducted each week, but thereafter only one laboratory period is necessary weekly until unit VI is completed. Only one

laboratory period is conducted under unit VII, Specific Microorganisms. For the laboratory experience, an anatomy and physiology laboratory manual is used, supplemented by mimiographed material as necessary.

Unit I

Units of structure in the physical and biological universe: The relation of the science course to the nursing curriculum is discussed in the first lecture. The components of the physical universe, matter and energy, are reviewed, and relations to the human body are suggested, such as elements and forms of energy in the human body. The following topics are studied: protoplasm, the typical cell, human cells and cell reproduction. Microorganisms as cells are classified and the differences briefly discussed, followed by the relation of microorganisms to man and his environment. The methods of studying microorganisms and important points to observe in the collection of specimens complete this unit. A film, "Life in a Drop of Water," is shown and three laboratory periods are conducted on the subject matter of this unit.

Unit II

The development and organization of man as a moving body: The introduction to this unit is the body as a whole, followed by a discussion of tissues, membranes and glands. The anatomy and physiology of the skeletal and muscular systems are included. There are nine laboratory periods and the details of bones, joints and muscle are covered in the laboratory.

Unit III

Interpretation and response of man to his environment: This includes the anatomy and physiology of the nervous system, including the special senses. Three films are shown, "The Nervous System," "How the Ear Functions" and "How the Eye Functions." Two laboratory periods are held.

Unit IV

Man's internal environment: There are three sections to this unit.

(a) The action of fluids in the body includes the chemistry of water and solutions, water balance in the body, the chemistry of acids, bases and salts, blood and the acid base balance of same, the heart, blood vessels and the lymphatic system. A film, "Heart and Circulation," is shown and there are four laboratory periods.

(b) Bacteria and disease are inserted here as the writer feels this section should follow the physiology of blood. The subject matter covered at this time includes the transmission of microorganisms, body defences against disease, immunity and immunizing agents, the destruction and inhibition of microorganisms. A film, "Body Defences against Disease," and two laboratory periods are part of this section.

(c) The action of gases in the body commences with the chemistry of oxygen, followed by the anatomy and physiology of the respiratory system, and a discussion of the transmission of microorganisms via this tract. A film, "The Mechanisms of Breathing," is shown, and one laboratory period is held.

Unit V

Internal and external relationships to metabolism: There are three sections in this unit.

(a) The endocrine system, anatomy and physiology, is covered in two hours of lecture and one laboratory period.

(b) The digestive processes and metabolism commences with the chemistry of organic compounds, particularly carbohydrates, fats, and proteins, followed by the anatomy and physiology of the digestive system. A discussion of the transmission of microorganisms via the gastrointestinal tract completes the section. Two films, "The Alimentary Tract" and "The Digestion of Foods," are shown and two laboratory periods are held.

(c) Elimination of waste products and the regulation of body heat includes the anatomy and physiology of the urinary system, a review of other organs of elimination, the chemistry of urine, and a discussion of heat regulation in the body. Two films, "Elimination" and "The Work of the Kidneys,"

are shown and two laboratory periods are held.

UNIT VI

Propagation of the race: The male and female reproductive systems, the physiology of menstruation, embryology (very brief) and transmission of micro-organisms via the genito-urinary tracts are included in this unit. A film from a commercial firm and one laboratory period complete the unit.

UNIT VII

Specific microorganisms: This unit is correlated with lectures in communicable disease nursing as far as possible. A laboratory period is held near the end of the unit, and both the science instructor and the health instructor participate in it.

The course in nursing science is given concurrently with nursing arts and, as far as possible, they are correlated where necessary. For example, oxygen therapy would be discussed in nursing arts classes soon after the unit on "The Action of Gases in the Body" had been completed.

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The Library of the School of Nursing

ELIZABETH S. MITCHELL, B.A., M.S.

WITH THE PRESENT STRESS on the professional aspects of nursing, instructors and lecturers are encouraging the students to spend considerable time reading about the subjects in their course of studies. To become familiar with one textbook in each subject is not now thought sufficient. Each student is required to do research on various topics and for this a considerable number of different titles in each subject are needed. These books should be easily accessible to the students and should be organized in such a way that the students will be able to obtain needed information readily. In short, a well organized, professional library is essential if a school of nursing is to provide adequate facilities for its student nurses.

The library of the School of Nursing of St. Joseph's Hospital, North Bay, Ont., is located near a classroom in the hospital. At present there is no other room available and certain difficulties have been encountered in making the room look attractive. However, the superintendent of the hospital has been more than willing to do what she can to overcome defects in the present location. Better artificial lighting has been installed. Chintz curtains, red upholstered chairs, reading lamps, small red-topped tables, well-finished floors and mounted pictures all help to make the library an inviting place for the student nurses to read and study. A large magazine rack, built by the hospital carpenter under the supervision of the director of nursing, displays recent periodicals and provides space for the orderly storage of older magazines. It is expected that a new addition to the hospital will be built shortly. In this event, the library will have larger, brighter quarters.

The book collection consists of books that have been bought by the hospital as well as a considerable number that have been donated by individuals and by two or three publishers. Of the 1,053 books in the library in June, 1954, over one-third were fiction and biography. Many of the professional books were out of date: 34 were published before 1920, 143 before 1935 and only 162 had been published since 1946. There were

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A functional library

two sets of encyclopedias, one of which was copyrighted in 1903! There was no unabridged dictionary.

During recent months the books were processed for circulation by the instructors and student nurses and the writer classified them according to the Dewey Decimal System. They were shelved by classification number. A card catalogue was prepared painstakingly by a former member of the teaching staff. She was assisted by the hospital stenographer and, to a slight extent, by the writer. The superintendent provided a new filing cabinet for this card catalogue. The catalogue with its author, title and subject cards facilitates the use of the books greatly.

The superintendent, the director of nursing education and her staff, and the student nurses have all been exceedingly cooperative in setting up and organizing the library. It was soon realized, however, that if it was to be adequate, the book collection would have to be augmented considerably. Recently published books in the field of nursing were a necessity. In 1953 and the first five months of 1954, the hospital spent over $500 on the library. Could it, by itself, finance a satisfactory increase in the book collection? Would it be quite reasonable to expect it to do so?

The matter was brought up at the Spring, 1954, meeting of the Advisory Board of the School of Nursing. After various suggestions were made it was decided that the writer should prepare a brief requesting a grant from a foundation to assist in the establishment of the library.

The instructors consulted book selection aids and lost no time in preparing a list of texts and other professional books that were needed. The writer obtained significant data concerning the number of books, dates of publication, etc., from the accession book in which each book in the library had been listed. After stating what had already been done in the library, she was able to use these definite figures in the brief to show the need for additional professional books. The list prepared by the instructors was enclosed. The writer advised that, with these books, a well-recommended encyclopedia and an unabridged dictionary be bought. She also suggested that $50 be allotted each year for recreational reading for the student

nurses. To assist with the purchase of these greatly needed books, the Foundation Committee was requested to consider and, if at all possible, provide a grant of $500 in 1954 and of $250 in each of the years 1955 and 1956.

The former chairman of the Advisory Board sent the request to the Foundation Committee. Within a few weeks the superintendent of the hospital received a cheque for $500 with a letter that asked her to inform the committee at what time in 1955 and 1956 she would like to have the balance paid.

Not only the Advisory Board but also all those concerned with the school of nursing of St. Joseph's General Hospital, are very happy and extremely grateful to the foundation. For months everyone was busily occupied processing new books that had been ordered. Sometime we hope to find the time to read a few of the recreational books!

Curriculum Improvement Through a Faculty Fellowship Program

MILDRED L. TUTTLE

IN THE YEARS immediately following World War II, the W. H. Kellogg Foundation assisted McGill University and the University of Western Ontario with the development of educational programs for graduate nurses. Experience in the program indicated the need in Canadian universities for the preparation of clinical nursing specialists in the basic professional curriculum, many of whom were employed part-time by the hospital and part-time by the school of nursing.

In awarding fellowships to selected Canadian universities, it was understood by the Foundation that upon completion of the program of study the recipient of the fellowship would be employed as a full-time member of the school of nursing faculty and would be responsible for teaching and supervising basic nursing students. From 1948-1954, a total of 50 nurses were provided educational opportunities through the fellowship program. The majority completed a program of study leading to the baccalaureate or master's degree. A few fellowships were granted for observation of specific programs which were directly related to an area of immediate interest. With few exceptions, the "fellows" returned to their respective universities as full-time members of the school of nursing faculty. Expenditures for this program were approximately $109,000.

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The group as a whole were nurses with superior abilities and represented excellent selections for fellowship study. There is considerable evidence that the major objective was accomplished; namely, that students enrolled in the basic professional curriculum in universities which participated in the fellowship program, are receiving better instruction and supervision in the various areas of clinical nursing and that the total curriculum has been strengthened as the result of improved instruction.

During the five-year period covered by the faculty fellowship program, a representative from the Kellogg Foundation's Division of Nursing visited each university two or more times for the purpose of reviewing the basic nursing curriculum, appraising the effectiveness of the fellowship program, and learning about new areas of curriculum development and problems relating to nursing education and nursing service. It was the opinion of the Foundation visitor that, in general, Canadian universities should admit a larger number of students to the basic professional curriculum; consider the possibility of eliminating specialization in the fifth year and reducing the total program to four years; consider other areas in curriculum revision which would serve to further strengthen the entire program; and, consider plans for providing educational field services to nurses employed in hospital schools and in service agencies in the province and/or regional area.

Distances are great in Canada and funds

are not available in sufficient amounts to permit the educational leaders to meet at frequent intervals for purposes of solving immediate curriculum problems; developing long-range cooperative plans for strengthening present programs in nursing; and for improving the nursing services in hospitals and allied health agencies. On November 7 and 8, 1951, the W. K. Kellogg Foundation sponsored a Curriculum Conference for the directors and former fellows from the universities participating in the faculty-fellowship program.

Discussions related to the objectives of clinical teaching and supervision of the students enrolled in the basic professional programs in the various universities and the relationship of the special clinical areas to the total curriculum and to field practice in the service agency; resource persons provided for the purpose of reporting on new curriculum developments and research in nursing. It was the consensus of the directors that the faculty-fellowship program had strengthened the relationship of the school of nursing faculty to the administrative officers of the university and the faculty of the school of medicine and that the professional and personal horizons of the faculty-fellows had been extended as evidenced by the quality of their contributions upon return to the university after completion of advanced study. The "fellows" stated that the opportunity to be away from the immediate situation enabled them to view their respective programs more objectively and to see more clearly the positive factors in each situation.

A second conference on Curriculum Development, sponsored by the Foundation, was held in March, 1953, at the Continuing Education Center in East Lansing, Michigan. Dr. J. R. Kidd, executive director of the Canadian Adult Education Association, was the director of the conference and was assisted by Miss Ida MacDonald, professor of nursing education, Syracuse University. Problems discussed related to administration of the basic program; curriculum patterns; planned learning activities; guidance and counselling; and research in nursing. The consensus of the group was that the faculty of the school of nursing in the university should be responsible for the total curriculum, including clinical practice in the hospitals; there should be a conference of university administrative officers and directors of the schools of nursing to discuss administrative problems and relationships; there should be more flexibility of provincial requirements to permit curriculum experimentation; there is need for the development of a positive approach to informing the public about the need for schools of nursing in universities for the preparation of future nurse educators and leaders in Canada. The group unanimously agreed that the objectives of a university school of nursing should be "the development of a professionally competent person equipped with the essential skills to give complete nursing care to patients in hospitals and in their homes, and the development of the nurse as a person and as a citizen." In reviewing the effectiveness of the conference, the group indicated the value of exchanging ideas and realistically reviewing the various programs and steps taken for their improvement. They further stated that opportunities for group discussion had provided stimulation toward constructive action in improving relationships with university administration, medical school faculty, and provincial nursing associations.

Give Yourself Time to Think

Chronic hurriers usually believe that unless they are actively engaged in pushing, striving, thinking and working every moment, they are wasting time.

Most of us stay in such a state of hurry and tension that we never give our subconscious a chance to work for us. We go through life trying to solve all our problems and get all the answers with our puny little conscious intellect, when there is a giant in the background waiting to serve us. And here again, the way to make your subconscious work for you is to relax your muscles, and to learn to keep them relaxed except when they are needed for a specific task.

Create a mental "slow" sign in your mind, and every time you feel a sense of hurry, deliberately slow down. Slow down not only your physical movements, but slow down on the desire to go faster than your most efficient pace. Be willing to take it slower. In other words, don't let your foot ride so heavily on your mental accelerator. Ultimately you'll go faster and get more done by increasing your natural tempo — not by forcing time.

Nursing Profiles

New lustre was added to the profession of nursing when, at the official opening of the new University Hospital at Saskatoon, a special convocation of the University of Saskatchewan was held on May 14, 1955. On that occasion, **Kathleen Wilhelmina Ellis** was presented for the honorary Doctor of Laws degree by Hazel Keeler, professor of nursing and director of nursing education at the University of Saskatchewan. The citation reads as follows:

Eminent Chancellor, I present to you one of Canada's most distinguished daughters. With the resourcefulness of a true pioneer and unshakable faith in the future, Miss Ellis prepared herself for a lifetime of responsibility and service in the nursing profession. She is known and respected throughout Canada for administration of hospital nursing service and nursing education. No nurse has had a greater influence in nursing affairs.

As registrar of the Saskatchewan Nurses' Association and school of nursing adviser, Miss Ellis served well both the interests of the nursing profession and the citizens of Saskatchewan.

In the dark days of the Second World War, Miss Ellis was the unanimous selection of the Canadian Nurses' Association to fill the difficult role of National Emergency Nursing adviser.

It is especially fitting that we honor her at this time when the opening of the University Hospital permits further expansion of the School of Nursing which Miss Ellis, as its first professor, established with foresight and able direction.

To be equally at home in the art and skills of administration and teaching, to have the clearness of vision to build for the future, and to live warmly in the hearts of many, represent rare native gifts accorded to few.

Eminent Chancellor, I ask that you confer on Kathleen Wilhelmina Ellis the degree of Doctor of Laws, *honoris causa*.

A graduate in 1915 from Johns Hopkins Hospital, Baltimore, Miss Ellis served as

K. W. Ellis at the special convocation of the University of Saskatchewan

director of nursing at the Vancouver General Hospital 1921-29 and at the Winnipeg General Hospital 1930-35. Alumnae of both those large schools, of the University of Saskatchewan School of Nursing and her countless friends everywhere will rejoice in this recognition of her valiant service to Canadian nursing and wish her continued happiness at her home in Penticton, B.C.

This month, **Muriel Archibald** enters upon her new responsibilities as secretary-registrar of the New Brunswick Association of Registered Nurses, with her headquarters in Fredericton.

MURIEL ARCHIBALD

A Maritimer by birth, Miss Archibald graduated from the Toronto General Hospital, later specializing in teaching and administration at the University of Toronto School of Nursing. A few years in private nursing following graduation, then Miss Archibald went to Trinidad, B.W.I. where for two years she was matron in a nursing home. She held posts as instructor in the schools of nursing in All Saint's Hospital, Springhill, N. S.; Jeffery Hale's Hospital, Quebec City, and Queen Elizabeth Hospital, Montreal.

In 1948, Miss Archibald joined the staff of the C. N. A. National Office as statistical worker. Two years later she became the first full-time secretary-registrar and school of nursing adviser with the Association of Nurses of Prince Edward Island. This breadth of experience will be of inestimable value to the nurses of New Brunswick as she begins her new work.

LOUISE OLIVIER

Louise Olivier, graduée de l'Hôpital Notre-Dame de Montréal, est employée par le département médical du Secrétariat des Nations-Unies à New-York. Quand le Dr. Calderone, directeur du Service de Santé du Secrétariat, demandait d'urgence au directeur du Service de Santé de Montréal, s'il était possible d'emprunter les services d'une infirmière canadienne possédant parfaitement les langues française et anglaise, Mlle Olivier fut choisie. Elle est entrée au Service de Santé de Montréal en 1946, après avoir suivi un cours d'hygiène publique à l'Université de Montréal. Mlle Olivier est dévouée, compétente, très intelligente, discrète et distinguée. Elle possède une personnalité très attachante et sait se faire apprécier par toutes ses compagnes.

Sister St. Odilon, s.m., has travelled far, both geographically and professionally, since she left her birthplace in Granby, Que. This year she was appointed inspector of the Misericordia General Hospital Schools of Nursing in Canada.

After taking her final vows Sister St. Odilon entered the school of nursing of Oak Park Hospital, Oak Park, Ill. With diligence she pursued her studies so that now she holds her bachelor's degree from Loyola University, Chicago, and her Master of Science in Nursing Education from Marquette University, Milwaukee, Wis. Her six years of experience as a head nurse on the medical and surgical units of Oak Park Hospital was followed by gradually increased responsibilities as she moved from

the teaching department, to become assistant director, then director of the Misericordia General Hospital in Milwaukee. In 1951 she became director of nursing at Misericordia General Hospital in Winnipeg. Sister St. Odilon has been a member of the Board of the Manitoba Association of Registered Nurses, president of the C.H.C.M., and a member of the Board of Directors of the Associated Hospitals of Manitoba. Sister tells us her favorite hobbies are travelling and architecture.

FAY L. RUTLEDGE

Fay Lillian Rutledge, A.R.R.C., who for several years was director of the nursing branch of the Royal Canadian Navy, is now the director of nursing at the Civic Hospital, Peterborough, Ont. A graduate of Toronto General Hospital, Miss Rutledge enlisted as a nursing sister with the R.C.N. in 1943. She was attached first to *H.M.C.S. Stadacona* then posted to service in St. John's, Nfld. In 1946 she became matron of *H.M.C.S. Naden* at Esquimalt, B.C. returning to Halifax two years later to be in charge of the nursing service.

Isabel Maitland Stewart, a graduate of the Winnipeg General Hospital and a former supervisor there, has been awarded the

ISABEL M. STEWART

Florence Nightingale Medal by the International Committee of the Red Cross. The award was presented to Miss Stewart by E. Roland Harriman, chairman of the American National Red Cross at the annual convention in Atlantic City.

Miss Stewart, Professor Emeritus of Teachers College, Columbia University, was one of 28 nurses in 17 different countries who received the coveted award this year.

Sheila (MacKay) Russell who won renown when her first book, A Lamp is Heavy, was published was recently the recipient of the annual Toronto Women's Canadian Club Prize of $200 for her second novel, The Living Earth. A graduate of the University of Alberta Hospital and the University degree course, Mrs. Russell spent several years in active public health nursing before her marriage.

In Memoriam

Rose Blaine, who had just completed her training at St. Joseph's Hospital, Chatham, Ont., died following a brief severe illness on March 26, 1955, at the age of 21 years.

* * *

Doris Irene (Hammond) Boulger, a graduate of St. Luke's Hospital, Bellingham, Wash., died in March, 1955, at the age of 51. Mrs. Boulger had worked on the staff of the Vancouver General Hospital and more recently had operated a convalescent home at Ganges, B.C.

* * *

Hattie Margaret Chapman, a native of New Brunswick who graduated from the Massachusetts General Hospital and spent her professional life in the U.S., died at Moncton, N.B., on May 24, 1955.

* * *

Katie Clark, who graduated from the

Ottawa Civic Hospital in 1927, died at New York on December 17, 1954. Miss Clark had engaged in private nursing and had been on the New York Polyclinic staff.

* * *

Zeta Marion Hamilton, a graduate of Harper Hospital, Detroit, died at Hamilton, Ont., on December 24, 1954, at the age of 61. Miss Hamilton had held responsible hospital posts in Stratford, Guelph and Galt, Ont. Before ill-health caused her retirement, she had served for six years on the staff of Mount Hamilton Hospital.

* * *

Norah E. Larkin, a graduate of Halifax Infirmary, died there on May 11, 1955, aged 72. Miss Larkin was the first nurse to be employed by the city of Halifax for the school nursing service. She was on the staff of Dalhousie Public Health Clinic for 14 years and also had served with the Victorian Order of Nurses. During World War I she served as a nursing sister on a hospital ship. She had retired six years ago.

* * *

Annie Marie (Mahony) Mahony, a graduate from King's County Hospital, Brooklyn, N.Y., who had resided in Dundas, Ont., for the past 44 years, died there on June 10, 1955, at the age of 80.

* * *

Carthena (Trowbridge) Melling, who graduated in nursing from the University of Alberta in 1926, died at Calgary in December, 1954. Mrs. Melling had spent three years in active work in the East Arctic area prior to her marriage.

* * *

Sister M. Mercedes, who served the nursing profession faithfully for 49 years, died on January 19, 1955. After some years as director of the school of nursing at St. Michael's Hospital, Toronto, she was given charge of St. Joseph's Hospital, Winnipeg, going later to become superintendent of St. Joseph's Hospital, Comox, B.C.

* * *

Ada V. (Cuddy) Morgan, who graduated from the Winnipeg General Hospital in 1916, died in her sleep on December 29, 1954, at the age of 69. Mrs. Morgan served in England with the R.C.A.M.C. during World War I.

* * *

Edna Maude Moriarty, a graduate of the Ontario Hospital at New Toronto, died at Toronto on May 15, 1955, after an illness of six months. Miss Moriarty was operating room supervisor at her home school for 22 years.

* * *

Evelyn (Laschinger) Pollock, a graduate of a Toronto hospital, died in Tennessee recently following a 10-day illness.

* * *

Elizabeth Sadler, an early graduate of Hamilton General Hospital, died at Hamilton on May 23, 1955, in her 86th year. For many years Miss Sadler had engaged in school nursing.

* * *

Lillie May Smith, who graduated from Lord Dufferin Hospital, Orangeville, Ont., in 1921, died at Toronto on April 21, 1955, in her 65th year. Miss Smith had practised her profession in Orangeville and district.

* * *

Olga Stebner, who was on the graduate staff of the Hanna (Alta.) Hospital, was instantly killed in a motor car accident.

* * *

Bessie Alfreda (Creeggan) Stephen, who graduated from the Hamilton General Hospital in 1911, died there on May 9, 1955.

* * *

Grace Lucinda Thomas, a graduate of the Toronto General Hospital, died suddenly on December 19, 1954.

* * *

Maureen Williams, who graduated in 1954 from St. Joseph's Hospital, Sudbury, was killed in a car accident on December 28, 1954. She had been on the staff of St. Joseph's since graduation.

* * *

Winnie Williamson, who graduated from City Hospital, Saskatoon, in 1933 died in March, 1955.

There's nothing mysterious or sinister about an adolescent who day-dreams; it's how much and what he does the rest of the time that counts. Most day-dreaming can be ignored, but when it goes along with failure in school or failure to get along with people, the day-dreaming needs to be investigated. — J. R. GALLAGHER, M.D.

* * *

Que ton regard aille jusqu'au bout des belles choses, à chaque heure.

— WALTER DE LA MARE.

28th Biennial Meeting — Winnipeg — June 25-29, 1956

BY THE TIME this issue is off the press, the Program Committee of the Canadian Nurses' Association will have met at National Office. The meeting will deal principally with the planning of the sessions, our aim being that every nurse will find some part of the sessions designed especially for her. The Theme for 1956 — "Nursing Serves the Nation," reminds us that with travel and communication so easy these days the influence of our nursing services are felt beyond our own community and across our vast nation. This gives us both privileges and responsibilities — we are privileged to serve humanity but we are responsible for the type of service rendered. It rests with us to decide the quality of that service.

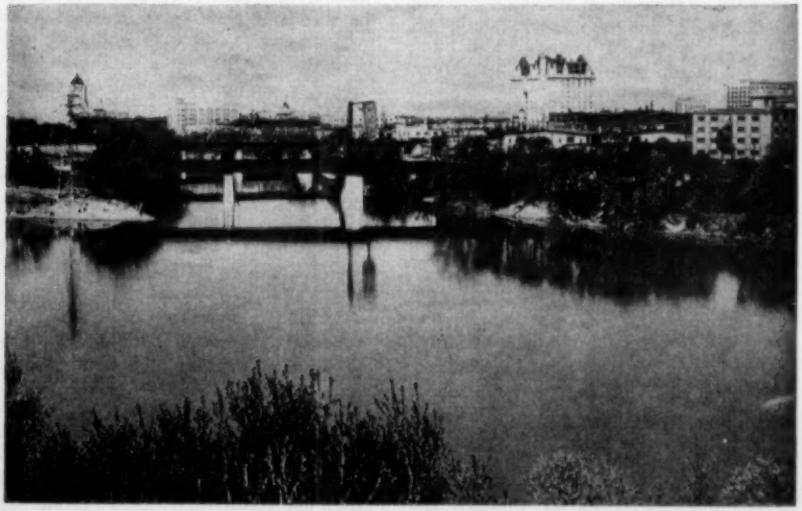
Her Name is Mercy

Through the kind courtesy of the Geo. Weston Ltd. of Canada we have been provided with posters of the picture which appeared in the October, 1954, issue of *The Canadian Nurse Journal.*

These posters, in color, with a suitable inscription have been forwarded in considerable number to each provincial nurses' association. As well, a supply is on hand at National Office. "Her Name is Mercy" is a poster that you will be proud to display in connection with your efforts to interest high school students in the nursing profession.

National Committee on Aging

In March of this year your General Secretary, Miss Pearl Stiver, attended



Winnipeg Sky Line

the first meeting of the Committee on Aging, a standing committee of the Canadian Welfare Council. The purposes of the Committee are as follows:

A clearing house of general information.

Coordination of activities in the field of aging.

Research.

Interpretation of the needs of the aging.

Consultation services.

National planning.

Representatives of many National organizations having an interest in the welfare problems of the aging were present. Chairman is Senator Muriel McQueen Fergusson while Senator C. Vaillancourt is chairman of a French-speaking sub-committee which will consider all aspects of aging in relation to the needs of the French Canadian culture. The decision to form this sub-committee resulted mainly from the different attitudes towards family responsibility for older citizens in the French Canadian culture.

With the health needs of the aging population of such vital interest to nurses it is important that we have representation on this Committee.

Of particular interest to nurses working with elderly people is the May issue of *Canadian Welfare* dealing with the subject — Old Age. Copies are available at 30 cents each from the Canadian Welfare Council, 245 Cooper Street, Ottawa.

Central Service Administration Institute

Central Service and Operating Room Supervisors met in Montreal June 13-16, 1955, when an Institute was held under the sponsorship of the American Hospital Association. Topics covered included planning the Central Service Department, the expanding role of the supervisor and human factors affecting Department Management and Inter-Departmental Harmony.

Mental Health in School

At the request of Canadians concerned with the matter, a new reprint of articles written by Mr. Fred Poland for the *Montreal Star* dealing with mental health in the schools has recently been issued. You will recall that last year a similar booklet "Spotlight on Mental Illness" was also a reprint of a similar series of articles. Such topics as stress on the normal child, human relations classes, and home and school associations are discussed here. This booklet will be of interest to all Canadians and especially to public health nurses.

A Beneficial Exchange

Nurses and midwives of the British Commonwealth and Empire who served in the last War have been remembered by the establishment of the British Commonwealth and Empire Nurses' War Memorial Fund. Each year several scholarships are awarded throughout the Commonwealth so that scholars may go to countries other than their own to take post-graduate courses in any aspect of nursing or midwifery. Three such scholars have gone from Canada in the past and a fourth is now on her way to the United Kingdom.

Canada has benefited not only from the nurses who have had the opportunity of pursuing their studies further under such scholarships, but also from those who have come from the United Kingdom to study nursing here. Three British nurses, Miss Margaret MacQueen, Miss Margaret Nairn, and Miss Dorothy Vickers have recently completed observation tours in the United States and Canada. Their enthusiastic enjoyment of the programs arranged for them has given us all a lift as well as an appreciation of the similarity between our nursing problems and those of the United Kingdom. Personally and professionally they are good ambassadors.

Graduation Exercises

We told you last month of the visit of Miss Frances Rowe, Executive Secretary of the National Council of Nurses of Great Britain & Northern Ireland, to Canada and of the weekend she spent in Sherbrooke, Quebec. In order to meet publishing deadlines we must submit our news in advance, we now add to that item. It was the

privilege of one of the National Office secretaries to accompany Miss Rowe to the Sherbrooke Hospital, where we spent a most enjoyable weekend. During our visit we attended the Graduation Exercises of the Hôtel Dieu Hospital, which were held in St. Jean Baptiste Church. A very impressive and beautiful ceremony was carried on with the graduates receiving their pins and diplomas in the Church. Our congratulations are extended to these and all new members of the Canadian Nurses' Association.

Le Nursing à travers le Pays

Le Congrès Biennal de Winnipeg — du 25 au 29 juin 1956

Au moment où vous lirez ces lignes, le Comité du Programme de l'Association des Infirmières Canadiennes se sera réuni au secrétariat national. Cette réunion aura pour but principal de préparer les séances du prochain congrès biennal et de les varier de telle sorte que chaque infirmière puisse trouver dans l'une ou l'autre quelque chose qui l'intéresse particulièrement. Le thème adopté pour l'année 1956 — "La Profession d'infirmière au service de la Nation" nous rappellera qu'avec les facilités de communication existant de nos jours, l'influence du nursing dépasse les cadres de l'institution et du territoire où l'infirmière l'exerce; elle s'étend à tout notre vaste pays. Ceci nous donne à la fois des privilèges et des responsabilités; nous avons le privilège de servir l'humanité mais, aussi, sommes nous responsables de la valeur des services rendus. C'est à nous de décider de la qualité de ces services.

Son nom est compassion

Grâce à l'obligeance de la Compagnie Geo. Weston Ltd. du Canada, la gravure publiée dans la numéro d'octobre 1954 de *L'Infirmière Canadienne* a été reproduite en couleur sur des affiches portant un message susceptible d'aider au recrutement d'étudiantes-infirmières. Un grand nombre de ces affiches ont été envoyées aux associations provinciales et l'on sera fier de les exposer dans les écoles supérieures où elles ne manqueront pas d'attirer l'attention des élèves. Jusqu'à date, ces affiches n'ont été publiées qu'en français.

Comité national de Gérontologie

En mars dernier, votre secrétaire générale, Mlle Pearl Stiver, assistait à la première réunion du Comité de Gérontologie, un comité permanent du Conseil Canadien du Bien-Etre. Les buts de ce comité sont les suivants:

L'établissement d'un centre général d'information.

La coordination des oeuvres se rapportant à la gérontologie.

La recherche.

La connaissance des besoins des personnes âgées.

L'établissement de services de consultation.

Organisation nationale.

Des représentants de plusieurs organismes nationaux, s'intéressant aux problèmes que présentent les vieillards, étaient présents à cette réunion. La présidente de ce comité national est le sénateur Muriel McQueen Fergusson et le sénateur C. Vaillancourt est le président d'un sous-comité français lequel s'occupera de tous les aspects de la vieillesse et des besoins qu'elle crée chez les Canadiens de langue française. Cette décision de former un sous-comité fut prise du fait de l'attitude différente des Canadians français concernant leurs obligations envers leurs vieillards.

La santé d'une population vieillissante étant d'un intérêt primordial pour les infirmières, il est donc important qu'elles soient représentées dans ce comité.

Les infirmières qui exercent auprès des gens âgés liront avec intérêt, dans le numéro de mai du *Canadian Welfare* une série d'articles sur la vieillesse. L'exemplaire se vend $0.30 au Conseil Canadien du Bien-Etre, 245 rue Cooper, Ottawa, Ont.

L'Hygiène mentale à l'Ecole

A la demande d'un groupe de Canadiens s'intéressant à cette question, la série d'articles publiés dans le *Montreal Star* par M.

Saunders Books to help every nurse

American Pocket Medical Dictionary

For today's busy nurse! This compact dictionary gives brief, easy-to-understand definitions for more than 37,500 different terms. Many of these words cannot be found in any other pocket medical dictionary. The many tables on muscles, veins, bones, etc. are quick reference sources.

639 pages. Flexible binding. Plain, $3.25; Thumb-indexed, $3.75. *Nineteenth Edition!*

Bookmiller and Bowen — Obstetric Nursing

A detailed picture of pregnancy, labor, delivery and care of the newborn is graphically described. Full emphasis is given to the nurse's duties and spirit of friendly helpfulness during all phases of obstetrics.

By Mae M. Bookmiller, R.N., Assistant Professor of Clinical Instruction, New York University College of Medicine; Supervisor in Obstetrics, Division of Nursing, Bellevue Hospital, New York; and George L. Bowen, M.D., Clinical Professor of Obstetrics and Gynecology, New York University College of Medicine; Visiting Obstetrician and Gynecologist, Bellevue Hospital, New York. 768 pages, with 346 illustrations. $5.50. *Second Edition!*

Brown — Medical Nursing

This book stresses nursing care and soothing attentions required by medical patients. Diagnosis and treatment are clearly outlined to give the nurse an excellent background for intelligent nursing. Special attention is given to nursing the chronically ill, critically ill and convalescent.

By Amy Frances Brown, R.N., M.S. in N., Associate Professor of Medical Nursing, State University of Iowa College of Nursing. 1099 pages, with 387 illustrations, 32 in color. $5.50 *Second Edition!*

Stafford and Diller — Surgery for Nurses

Plans for total care of the patient for each surgical problem are detailed and well-illustrated. References are made to Brown's *Medical Nursing* since many medical nursing procedures are applicable to surgical nursing.

By Edward S. Stafford, M.D., F.A.C.S., Associate Professor of Surgery, Johns Hopkins University; Surgeon, The Johns Hopkins Hospital; and Doris Diller, B.A., R.N., Associate Professor of Nursing, and Director of Cancer Control Project, Skidmore College Department of Nursing, New York. 651 pages, 168 illustrations. $4.25. *Second Edition!*

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Fred Poland, sur l'hygiène mentale à l'école sera réimprimée. Une brochure publiée l'an dernier intitulée "Spotlight on Mental Illness" était un tirage à part d'une série d'articles du même genre. L'on y traite principalement des sujets suivants: l'enfant normal, les relations humaines, les associations de parents et d'instituteurs. Cette brochure est de nature à intéresser tous les Canadiens et particulièrement les infirmières en hygiène publique.

Journées d'étude

Des journées d'études pour les infirmières surveillantes de salles d'opération et de services centralisés ont eu lieu à Montréal du 13 au 16 juin 1955, sous les auspices de l'American Hospital Association. Les sujets à l'étude comprenaient l'organisation du service central, le rôle de plus en plus important de la surveillante et les facteurs humains affectant l'administration du département et la bonne entente au sein du service.

Les avantages de l'échange

Le souvenir des infirmières et des sages-femmes de la Grande-Bretagne et de l'Empire Britannique ayant servi durant la dernière guerre, a été rappelé par l'établissement du "British Commonwealth and Empire Nurses' War Memorial Fund." Chaque année, plusieurs bourses sont accordées à des infirmières pour leur permettre d'aller suivre, dans d'autres pays, des cours post-scolaires sur le nursing et l'obstétrique. Trois boursières du Canada sont déjà parties pour la Grande-Bretagne et une quatrième ira les rejoindre prochainement.

En plus de l'avantage d'envoyer des infirmières étudier au Royaume-Uni, le Canada bénéficie de la visite d'infirmières anglaises: récemment, Mmes M. MacQueen, M. Nairn et D. Vickers ont complété un voyage d'observation aux Etats-Unis et au Canada. Leur enthousiasme devant les programmes préparés à leur intention a été pour nous un stimulant et nous a permis de nous rendre compte de la similarité des problèmes du nursing entre nos deux pays. Ces infirmières tant au point de vue personnel que professionnel ont été de bonnes ambassadrices.

Nouvelles diplômées

Nous avons eu la visite de Mlle Frances Rowe, secrétaire du Conseil National des Infirmières de Grande-Bretagne et de l'Irlande du Nord qui a fait une tournée d'observation aux Etats-Unis et au Canada. Accompagnée d'une des secrétaires-nationales, Mlle Rowe s'est rendue à Sherbrooke où elles ont passé une fin de semaine des plus agréables; elles ont visité le Sherbrooke Hospital puis ont assisté à la collation des diplômes des élèves finissantes de l'Hôtel-Dieu, qui eut lieu à l'église St-Jean-Baptiste, ce qui a donné à cette cérémonie un caractère très impressionnant. Nous adressons nos félicitations à ces diplômées et à toutes les nouvelles infirmières qui viendront augmenter les rangs de l'Association des Infirmières Canadiennes.

Sélection

Le rôle de la femme dans la société moderne

L'UTILISATION DE LA MAIN-D'OEUVRE féminine dans le monde du travail semble nécessaire pour répondre aux besoins de l'économie américaine. On présuppose qu'à l'avenir la femme américaine acceptera un emploi, à moins que ses enfants ne soient encore en bas âge. Seule, l'immigration intensifiée, source très peu probable de main-d'oeuvre dans l'avenir, pourrait changer cette tendance.

Actuellement les femmes représentent le tiers des salariés aux Etats-Unis.

"Dans une société qui s'attend à recevoir *une* réponse exacte à chaque problème, il n'y a pas de rôle généralement attribué à la femme américaine. Le mot *'rôle'* pour le spécialiste en psychologie sociale évoque l'idée de 'ce qu'on est convenu d'attendre d'une ersonnpe dans une position donnée.'"

Le rôle de l'homme est plus précis. Il doit gagner sa vie, fonder un foyer et pourvoir aux besoins de sa famille. Autrefois le rôle de la femme était également bien défini mais aujourd'hui, on entretient à ce sujet des

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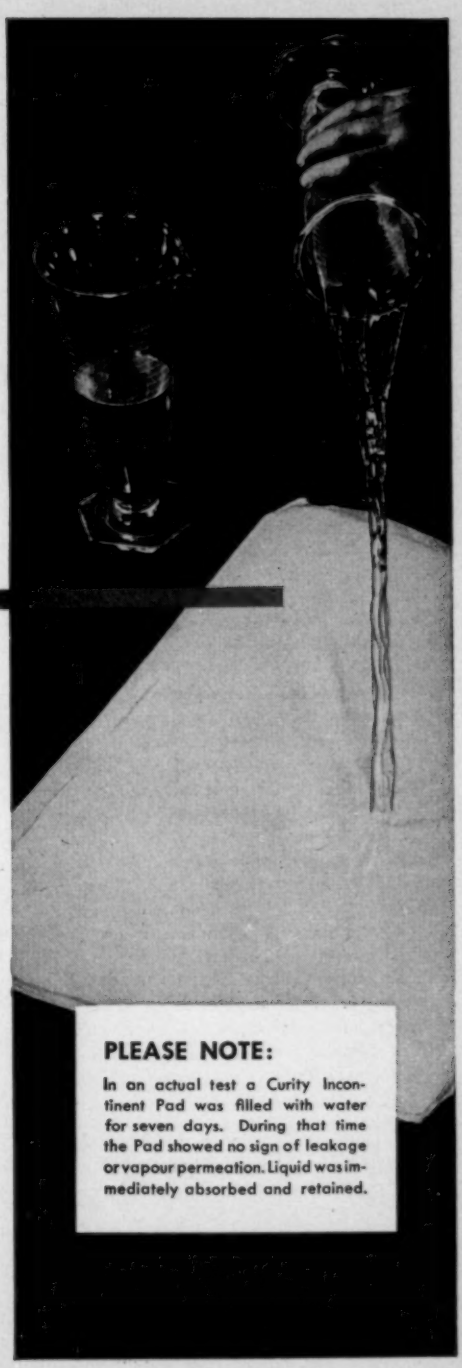

Without a doubt this is the greatest hospital money saver in years! The savings made in linen, laundry, nurses' time, and money more than pay for these Curity underpads—the pads with *waterproof plastic bottom sheets.*

The new *Skintex* top sheet lets drainage penetrate immediately to absorbent inner layers. Wet or dry, *Skintex* feels like skin, promotes patient comfort, and is actually 39% stronger, more tear-resistant than regular paper top sheets. Soft, fluffy absorbent filler is 60% thicker and holds more drainage than any comparable underpad. For added comfort and protection, the waterproof plastic bottom sheet has "traction", won't slide from under patients.

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In an actual test a Curity Incontinent Pad was filled with water for seven days. During that time the Pad showed no sign of leakage or vapour permeation. Liquid was immediately absorbed and retained.

idées contradictoires et imcompatibles.

Le rôle de l'homme, surtout dans l'exercice de sa profession où il aspire au succès personnel, fait voir quelles sont les valeurs dominantes dans la société. Le rôle normal de la femme dans la vie domestique, à titre d'épouse et de mère, d'autre part, en est un de dévouement aux intérêts d'un groupe — la famille — plutôt qu'à ses intétêts personnels. De plus, alors que l'homme doit se "tourner vers l'avenir" on compte que la femme réflètera la gloire que l'homme aura acquise par ses succès grandissants.

Les jeunes Américaines, durant l'adolescence, reçoivent tout comme les garçons, une formation en vue de l'indépendance autonome. Trop souvent, les jeunes filles qui se marient constatent qu'elles n'ont pas reçu la formation voulue pour les préparer à leur rôle de maîtresse de maison ou à celui qu'elles pourront être appelées à jouer dans la société. Ce que l'on cherche, c'est que la jeune fille soit indépendante et puisse subvenir à ses besoins si elle ne se marie pas; on veut la préparer à faire face à l'imprévu tout en espérant qu'il en sera autrement et qu'elle pourra s'acquitter, plus tard, de tous ses devoirs, même de ceux pour lesquels elle n'aura pas été préparée.

A notre époque, les femmes de tous les groupes économiques ont commencé à se tourner vers certaines occupations, comme moyens de satisfaire le besoin de faire valoir leurs talents et de s'extérioriser; c'est alors qu'est apparu un aspect professionnel bien défini dans le rôle de la femme.

Le fait que les femmes réclament une place sur le marché du travail introduit un élément nouveau dans la société en voie de transformation. Il s'ensuit, chez les époux, des divergences d'intérêts qui vont s'accentuant chaque année. Il existe en même temps certaines manifestations d'une tendance au resserrement des liens familiaux. Les familles sont plus nombreuses dans certaines classes de la société et le père partage les responsabilités quotidiennes dans l'éducation des enfants.

Une nouvelle évaluation des travaux domestiques, de manière à susciter chez la femme une meilleure appréciation du rôle de maîtresse de maison, semble nécessaire.

Les hommes devront participer davantage aux travaux non rémunérés fréquemment laissés aux femmes et aussi reconnaître à celles-ci le droit de prendre place dans le monde du travail.

Les effets révolutionnaires de l'atome et de l'électron augmentent l'automatisme et cette automatisation — système électronique de comptabilité, dactylographes-robots — aura une répercussion sur les emplois remplis particulièrement par les femmes. La production tendra à céder le pas au service lequel fournira un champ d'emploi général plus vaste et il en résultera une plus grande demande de la main-d'oeuvre féminine.

Cette multiplication d'emplois dans les services créera de nouveaux besoins par rapport aux changements démographiques — la natalité croissante, qui s'établit présentement à 4 millions de nouveaux-nés par année et le prolongement de la vie moyenne augmentant le nombre de personnes âgées dans la population. — En face de ces changements, les enfants grandiront sans éducation et les personnes âgées seront privées de soins *à moins qu'un plus grand nombre de femmes* ne soient disponibles comme institutrices et infirmières. Il est à souhaiter qu'on apporte plus d'imagination à trouver les moyens de combler la pénurie dans ces professions.

La nécessité de travailler à obtenir la collaboration des hommes et des femmes dans les familles et dans le monde de l'emploi n'est pas moindre au Canada qu'aux Etats-Unis.

La Gazette du travail, avril 1955. Extrait de "L'utilisation efficace de la main-d'oeuvre féminine": conférence organisée aux Etats-Unis par le Département du Travail.

S.G.

La pitié est souvent un sentiment de nos propres maux dans les maux d'autrui.

— *La Rochefoucauld*

* * *

Le sentiment de pitié dort dans le coeur de l'homme jusqu'à ce que la douleur vienne le réveiller. — *J. J. Rousseau*

* * *

Tous les corps ensemble et tous les esprits ensemble et toutes leurs productions ne valent pas le moindre mouvement de charité; cela est d'un ordre infiniment plus élevé.

— *Pascal*

* * *

La charité est l'océan où commencent et aboutissent toutes les autres vertus.

— *Lacordaire*

* * *

La jalousie est comme un aveu contraint du mérite. — *La Bruyère*

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Color Conditioning

THE NURSE OF A GENERATION AGO would find it a little difficult to recognize, for what it is, the modern, six-story building standing beside Hotel Dieu Hospital in Kingston, Ont.

It is a nurses' residence, but inside there is little of the cold, drab "institutional" atmosphere usually asociated with such residences in the past. It is a real "home away from home" and a splendid example of what can be done through careful planning and cooperation by the administrators of a hospital, the architect and a comparatively new science, *color conditioning*.

A modern, two-story administration building had stood on the site for years waiting to be finished. On January 1, 1951, a superstructure of four stories, known as the Jeanne Mance Nurses' Residence, was begun.

The Religious Hospitallers of St. Joseph wanted to provide a residence with a warm, home-like atmosphere for the nursing staff. As the nurses have no other home but the room they occupy in the residence, it was important that their rooms provide all the interest and satisfaction of a home.

As the building progressed, Logan H. Gallaher, the architect, called on Wilfred D. Sinclair, supervisor of the Color Conditioning Service of Canadian Industries (1954) Limited, to advise on the use of color in all its phases, from paint, to draperies, rugs and upholstery.

The result was a most attractive series of rooms, completely furnished, in which color was used to create an atmosphere appropriate for young women.

"Colors had to be chosen with infinite care because they had to satisfy the needs of the occupant, conveying a sense of well-being and a feeling of cheer and inspiration when perhaps the days has been a severe one," Mr. Sinclair says. "They should con-

tribute a feeling of security and, with all this, encourage sociability through some gaiety in color."

All these considerations were part of a plan developed by the architect and color consultant with added emphasis on the modern architecture of the building, through which all rooms and corridors were color-related. The plan formed the basis of a color conditioning manual made up by Mr. Sinclair.

Because of excellent lighting, it was possible to use medium deep colors so that soft, greyed rose was used in some corridors and a rich blue-green in others. All doors had a light, natural finish.

The selection of colors for the 160 rooms was simplified by adopting light, attractive color schemes, four for rooms facing north and four for rooms facing south. Rooms

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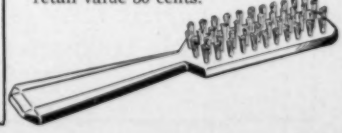


facing south were dominated by tones of cool green, Bone White and Persian Grey. They were rendered more decorative and interesting by having focal walls of tones in enhancing colors of Nutmeg, Dusky Rose or Hemlock Green. Walls on the north were finished in tones of Pebble, Sung Yellow, Mint Green or Chartreuse with focal walls to create interest of Very Light Mexican Tan, Very Light Nutmeg and Persian Grey.

Modern draperies of interesting color design, rugs of blending tones, upholstery of both "Fabrilite" and other fabrics, bedspreads related to rugs and draperies, and modern, light furniture, all combine to give the rooms a real home-like effect.

"We like the colors," Sister Superior Mary of the Assumption says. "The Color Conditioning Service enabled us to plan our rooms completely, and we have been able to provide our student nurses with the environment we think they should have."

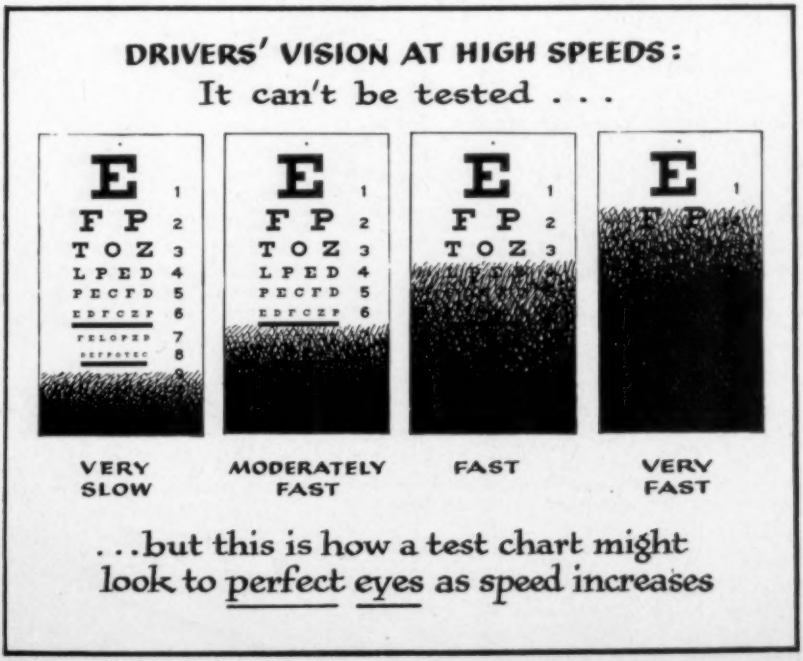
Mr. Gallaher also expressed pleasure with the color conditioning. "I am very pleased with the results of Jeanne Mance Nurses' Residence," he said. "The color conditioning manual made it possible to visualize what the rooms would look like. This was very important where many officials had to be consulted. We were able to proceed on the interior decorations without delay and with confidence that the building would have the appearance we desired."

— Public Relations Department
CANADIAN INDUSTRIES (1954) LIMITED

Sleep

The actual number of hours of sleep necessary is an individual requirement. Where the "early bird" feels that he needs a good eight or nine hours, the "night owl" may require only six to seven. The "erratics" may get even less and do well. It has been determined that the first three or four hours of sleep are the soundest and most beneficial. After this period there is a gradual trend toward the waking state, and sleep gradually becomes less sound. The old adage that a few hours sleep before midnight is more valuable than twice the number of hours after midnight, has no foundation. The first few hours of sleep at any time are the beneficial hours.

— H. DANTZIG, M.D.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Book Reviews

Applied Pathology, as an introduction to disease and its control, by Charles G. Darlington, M. D. and Charlotte F. Davenport, R.N. 500 pages. J. B. Lippincott Co., 2083 Guy St., Montreal. 2nd. Ed. 1954. $4.75.

Reviewed by Harry Spindler, R.N., Nursing Science Instructor, Nova Scotia Hospital, Dartmouth, N.S.

The authors of this revised second edition have endeavored to "integrate the nurse's earliest studies in basic subjects, such as anatomy, physiology, chemistry and microbiology, with conditions and problems that she will encounter in her actual clinical experience with the living patient." Also they "endeavor to help the nurse to understand and remember principles, to know what to look for, what to anticipate and to know where to look to find out what she needs to know."

The material in this book is very well organized and is divided into three main parts, each part being divided into a number of units which have clear, heavily printed headings. Part one is chiefly concerned with disease and its control. Included in it is a very informative and concise summary of the development of medical science, which does not go into long and frequently uninteresting medical history. There is a chapter on the causes of disease which is excellent for reference, the material being easily and readily attainable. It gives an

introduction to the terms used in relation to the cause of disease, introducing them very appropriately throughout the chapter. Under part one, the section on tumors is, I feel, excellent. It includes a classification, methods of extension or growth of tumors, differentiation and the etiologic theories and factors as to the cause of tumors. It mentions the various cancer tests employed today, but more important is a section on the nurse's responsibility in relation to cancer control and cancer detection.

Part two of this text is the main body of the book. It is concerned with pathology of disease according to systems of the body. Stress is on nurses' responsibility in recognition of signs and symptoms. Not too detailed though concise and somewhat technical, this is an excellent reference section. One striking feature is the review questions at the end of each chapter. Also valuable is the vocabulary list at the beginning of each chapter, being very helpful in pronunciation. Throughout these chapters the authors give a very accurate description of the various diseases, giving in some cases the complications, symptoms, causes and, occasionally, nursing measures where these should be stressed.

Part three covers clinical laboratory tests and procedures, microbiology, tissue examination, autopsies and records. There is an excellent table of normal values; a brief description of the more commonly used antibiotics; procedures for complete blood picture, sedimentation rate, coagulation and bleeding time, blood typing and a clear explanation of the Rh factor.

I feel confident in saying this book is a "must" for any student nurse or nursing instructor. An excellent guide in medical and surgical nursing for the senior student and a valuable reference book for graduate nurses and instructors in nursing. Diagrams are clear and lucid, but I feel that color plates would be more helpful to the students. Finally the text is valuable because it gives the newer treatments, diagnoses and drugs.

A Study Guide in Nursing Arts, by Edith M. Buchanan. 674 pages. College of Nursing, 12 Jaswant Singh Road, New Delhi, India. Printed in U.S.A. 1953.
Reviewed by Sister M. Celestine, St. Mary's Hospital, Kitchener, Ont.

The author's organization of material for presentation to the elementary student nurse of India follows the same general plan as is encountered in nursing texts prepared for the student nurse of the North American continent. The text is basically concerned with nursing procedures which lay the foundation for the formation of a bedside nurse who is capable of caring for her patients, making the modification in her nursing care necessitated by factors which bear a relationship to her patient's disease. Stress has been placed where it rightfully belongs — upon principles involved in these procedures. Each procedure has been given careful correlation with anatomy, physiology and social science which will give the nursing student a patient-centred approach to her understanding of nursing.

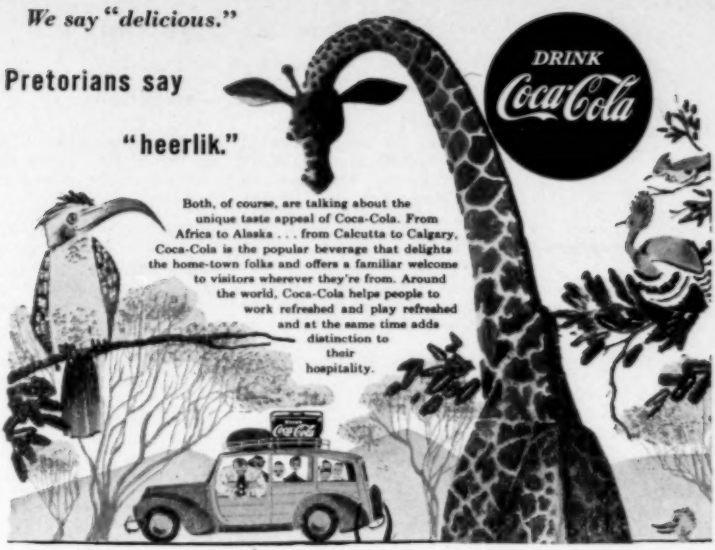
The author has utilized many modern methods of presenting educational material such as the use of panel discussion and patient care studies, as well as her own personal contribution of a great variety of sketches and charts which enhance the value and the clarity of the printed matter.

The nineteen units of this text deal favorably with the many aspects of nursing pertaining to the patient as a person, as a member of a family group and as a citizen of India. Miss Buchanan has also shown sufficient concern for the student nurse recognizing that she, also, is a person, a member of a nursing group and a citizen particularly interested in health.

The introductory unit of the text stimulates interest in the various health problems encountered by the nurse in India from her very entrance into the nursing field. It arouses our sympathy for her, regardless of our remoteness from the existing situations and makes us appreciate of the role played by the World Health Organization in its endeavors in India and other countries in this post-war era.

This book would be a valuable acquisition to all schools of nursing libraries for the use of more senior students who should develop an awareness of the challenges met by fellow nurses in other parts of the world. However, it is regrettable that the printing leaves much to be desired particularly in the reproduction of the author's numerous illustrations.

Textbook for Midwives, by Margaret P. Myles. 676 pages. The Macmillan Co. of Canada, Ltd., 70 Bond St., Toronto 2, Ont. 1953. Price $7.15.
Reviewed by Helen Pocock, Obstetrical Supervisor, Western Hospital, Toronto, Ont.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Mrs. Myles has provided an excellent treatise which combines the theory and practice of midwifery with a sound and up-to-date approach to obstetrical nursing.

The subject matter is grouped under eight main headings, which provide a logical sequence. Anatomy and physiology, as a basis for intelligent study, are considered first, then pregnancy, labor, the puerperium and the newborn are each considered in turn. The normal aspects of each topic are stressed before complications and deviations from the normal are considered. The management of normal labor is given 96 pages and this section is detailed and complete, the nursing care of the patient receiving due stress. Special mention is made of childbirth as a "family affair" and the importance of meeting the psychological as well as the physical needs of the patient in labor has not been underestimated.

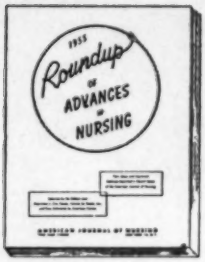
The concluding section deals with interesting miscellaneous topics and includes an informative chapter on the teaching of mothercraft. A program of prenatal classes is outlined, including informal talks, demonstration, relaxation exercises and suggestions for fathers' classes.

There are many very good illustrations. Of special note is the diagramatic representation of endocrine-endometrial correlation in menstruation and in pregnancy, while the original and attractively arranged chart, "Steps in Baby's Progress" is both comprehensive and easily understood.

The book is easy to read. Explanations are lucid, and concise throughout. Basic principles receive prime consideration and the text is full of sound midwifery and obstetrical nursing procedures. As the title indicates, it contains much more detail than is required of the student of obstetrical nursing who is not also taking midwifery; such a student would require careful guidance in its use. It provides an excellent background for the post-graduate student of obstetrical nursing and is sure to be warmly welcomed by head nurses, clinical instructors and supervisors of obstetrical departments.

Furneaux's Human Physiology, by William A. M. Smart, Nurses' Edition. 417 pages. Longmans, Green & Co., 215 Victoria St., Toronto 1, Ont. New Ed. 1953. Price $2.00.

Reviewed by N. G. Martin, Educational Director, Grace Hospital, Winnipeg, Man.



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This book is used extensively for nurses in training in England and as the author states the combination of physiology with an outline of relevant anatomy is intentional, in that this admits of a wider circle of readers than medical students and nurses.

This book has an attractive format. The many topical headings in large black type and the numerous simple illustrations (165) in black and white should facilitate study. Equally helpful is the summary at the conclusion of each chapter.

There is a brief chapter on biophysics and one on histology included. Electrolyte balance is briefly mentioned but allergies are omitted. No references for further study or discussion questions are included.

The presentation is clear and written in a simple, concise style which is easily read and understood. I think that both practical and registered nurses might find this little book helpful for individual use, but I would prefer a more detailed work as a textbook for use in schools of nursing.

Gynecology, a Handbook for Nurses, by Gladys H. Dodds, M.D. 192 pages. British Book Service (Canada) Ltd., Kingswood House, 1068 Broadview Ave., Toronto 6, Ont. 1952. Price $3.25.
Reviewed by Lois Huck, Nurses' Residence, St. Michael's Hospital, Toronto, Ont.

The purpose of this book has been to provide the nurse with the fundamentals of gynecology. The anatomy and physiology of the reproductive organs have been dealt with in detail — at times they are perhaps too detailed for the student nurse. The author intended this so that abnormalities might be better understood.

The chapter on antenatal care is very helpful to the nurse in her care of the patient as well as in health teaching. In the complications of pregnancy, nephritis, hyperemesis gravidarum, and hypertension are mentioned as reasons for termination of pregnancy. As the author says, "In some hospitals action is taken to terminate pregnancy, but today with advance in obstetrics and gynecology, termination is not necessary in these conditions." The code of ethics governing Catholic hospitals does not allow this treatment.

Other chapters include diseases of the reproductive organs including infections, new

growths — benign and malignant — disorders of menstruation and investigation of sterility. Gynecological positions and preparation of the patient for examinations are well outlined with good diagrams. There are a few procedures which the nurse does not do here — such as the giving of intrauterine douches and painting of the cervix. The pre- and post-operative care of the patient as well as post-operative complications are well outlined.

This book is well organized as to material and the plates and diagrams are good. The advanced nurse should find it a helpful reference book.

Psychology, the Nurse and the Patient, by Doris M. Odlum, M.A. et al. 168 pages. Philosophical Library, 15 East Fortieth St., New York 16, N.Y. 2nd Ed. 1954. Price $4.75.

Reviewed by M. Rhynes, a public health nurse in Calgary, Alta.

Dr. Odlum accomplishes her aim, in this book, of providing a guide for nurses in dealing with their patients, not as animated diseases, but as people. She explains how the development of character and personality depends upon the way in which inborn temperamental predispositions are modified by life's experiences.

A clear insight is given of the types into which patients may fall, psychologically. It is with such an understanding that the nurse can best adapt herself, that she can present to her patients those aspects of her own personality which will reflect the best aspects of theirs.

The author explains how frightening the hospital is to the patient and how the nurse can do much to lessen if not alleviate those fears. She deals with special problems such as surgical cases — preparation for operation, anesthetics, getting up, relatives and visitors, etc. She devotes whole chapters to nursing of children, out-patients, social service and rehabilitation.

In closing, the differences between neuroses and psychoses and the treatments available for both are explained. Dr. Odlum, who has been physician, psychiatrist, lecturer to nurses and a patient, shows her competence in dealing with her subject by using examples which not only illustrate clearly the points she wishes to make but, at the same time, provides us with information on modern trends. This book would be valuable for use by both senior student and graduate nurses.

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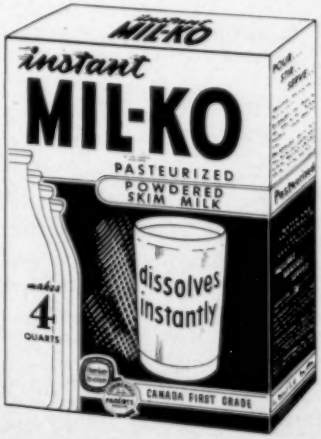

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Sleep Disturbed

(From a letter by Thomas Carlyle, quoted in "Carlyle, An Anthology," by G. M. Trevelyan, published in 1953 by Longmans Green and Co.)

How the ear of man is tortured in this terrestrial planet! Go where you will, the cock's shrill clarion, the dog's harsh watch note, not to speak of the melody of jackasses, and on streets, of wheelbarrows, wooden clogs, loudvoiced men, perhaps watch-men, break upon the hapless brain; and, as if all was not enough," the Piety of the Middle Ages" has founded tremendous bells: and the hollow triviality of the present age — far worse — has everywhere instituted the piano! Why are not at least all those cocks and cockerels boiled into soup, into everlasting silence? Or, if the Devil some good night should take his hammer and smite in shivers all and every piano of our European world, so that in broad Europe there were not one piano left soundable, would the harm be great? Would not, on the contrary, the relief be considerable? For once that you hear any real music from the piano, do you not five hundred times hear mere artistic somersets, distracted jangling, and the hapless pretence of music? Let him that has lodged wall-neighbor to an operatic artist of stringed music say.

This miserable young woman that now in the next house to me spends all her young, bright days, not in learning to darn stockings, sew shirts, bake pastry, or any art, mystery or business that will profit herself or others; not even in amusing herself or skipping on the grassplot with laughter or her mates; but simply and solely raging from dawn to dusk, to night and midnight, on a hapless piano which it is evident she will never in this world learn to render more musical than a pair of barn fanners! The miserable young female! The sound of her through the wall is to me an emblem of the whole distracted misery of this age; and her barn-fanners' rhythm becomes all too significant.

— *The Hearing Eye*

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments — Amherst, N.S.: *Mrs. Laura Hamilton* (Children's Hosp., Halifax). Montreal: *Irene Kupa* and *Mrs.*

Marie Manhire, both (St. Mary's Hosp., Montreal); *Natalie Kusher* (Jewish Gen. Hosp., Montreal); *Mary van der Linden* (St. Paul's Hosp., Vancouver). Owen Sound: *Lois Carlisle* (Toronto West. Hosp.). Regina: *Betty Greggain* (Saskatoon City Hosp.). Truro: *Shirley Crocker* (C.H., Halifax). Vancouver: *Louise Hamilton* (Vancouver Gen. Hosp.).

News Notes

ALBERTA

District 3

Calgary

Miss E. Shaw, presided at the supper meeting held in June attended by 46 members. Miss I. Stewart gave an interesting report of a panel discussion on mental health. Miss M. Royce, director of the Women's Bureau, Department of Labor, spoke on the Bureau's efforts to bring about better understanding of the problems peculiar to women workers. Sister Leclere sketched the highlights of the recent Catholic Hospital Association convention in St. Louis.

District 6

Lacombe

Guest speakers at meetings of the chapter were: Dr. W. Titz who spoke on the recent civil defence course and Mrs. Harvey, on the small hospitals section of the meetings. M. Welton, delegate to the provincial convention, gave her report. Motions were passed to sponsor the cancer drive and to support the A.A.R.N. in their decision concerning legislation.

District 7

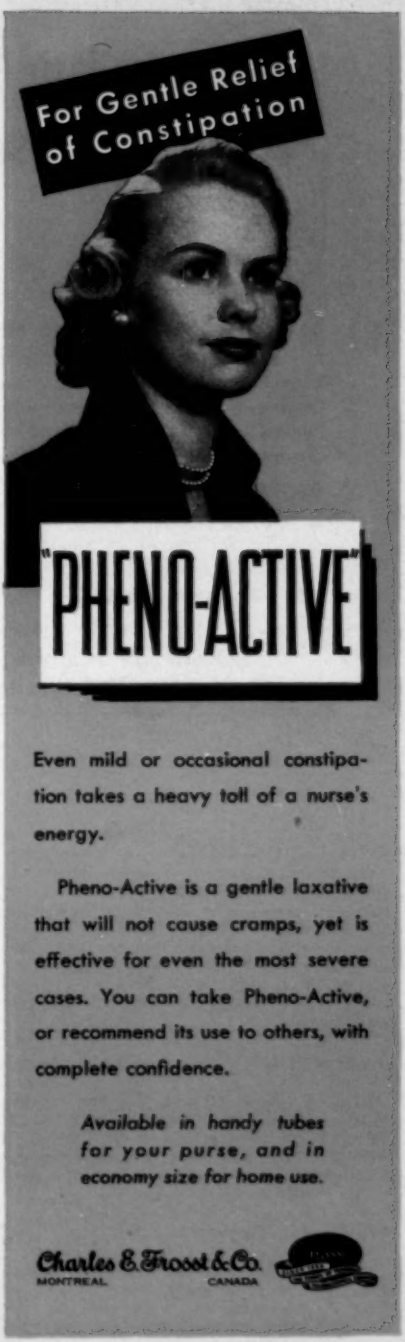
Edmonton

Reports on the provincial meeting in Calgary were given by six members at a recent meeting of the district. It was moved that assistance be given to the A.A.R.N. in entertaining visiting nurses at the A.H.A. meeting. Twenty-five members were present.

BRITISH COLUMBIA

Chilliwack

Mrs. J. Robertson, Cultus Lake, was hostess for the final chapter meeting. With Mrs. Edmeston in the chair, it was decided to enter a float in the Cherry Carnival on July 1. The chapter will undertake the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furnishing of a room in the new wing of the General Hospital. Letters of appreciation from the two bursary winners, Misses L. Robinson and N. Adams were read. The bursary funds were augmented this year by individual donations and the sale of tickets on a mahogany step-up table. The resignation of Miss V. Day as secretary was accepted with regret. Miss K. Crowley and Mrs. G. Sache assisted the hostess with refreshments.

Vancouver

Mrs. Kathleen (Soames) Johnstone has joined the nursing education program at the Princess Ashraf School of Nursing in Teheran. Mrs. Johnstone was formerly co-ordinator of a course for practical nurses in Vancouver.

St. Paul's Hospital

The Alumnae Association held its annual meeting with the election of officers on June 7. Reviewing the work and play for the past year revealed some successes and a few disappointments. The Annual Homecoming last fall was full of surprises with many familiar faces from far and near. Mary (Bell) McLean kept everyone in stitches with her games at the Christmas party. Unhappily, president Ethel Black was forced to resign in January but her duties were capably assumed by Grace (Hull) Collishaw.

April was a busy month. At the regular meeting Dr. Dorrance outlined the progress of surgery and anesthetics in the past 20 years. Our president participated in the graduation exercises by pinning their medals on the new graduates. At the parents' reception membership cards and a letter of welcome to the alumnae were presented to each of the graduates.

Special thanks are extended to the committee that worked so hard to make the spring frolic a success. The clash in timing with the graduation dance detracted from the attendance at our affair.

Trail

The June chapter meeting took the form of a spaghetti dinner with 44 members present with Mrs. Ross presiding. Over

$188 was realized from the tea. Miss A. Cumming was heartily thanked for her untiring management of it. Interesting reports of the provincial convention were shared with the members.

NEW BRUNSWICK

EDMUNDSTON

Miss Lois Smith was guest speaker at the May meeting of the chapter, taking as her topic "Nursing Care in Mental Health," which was most interesting and instructive Graduates of the chapter-sponsored course in Home Nursing received their awards. A musical program provided by the St. Louis University choir and a gifted pianist rounded out a most enjoyable evening.

The regular and annual meetings followed one another at the June gathering. Miss M. I. Lane, provincial adviser to schools of nursing, gave a most interesting explanation of the present arrangement of qualifying and registration examinations.

FREDERICTON

Victoria Public Hospital

Nearly 100 graduates attended the 31st annual reunion of the Alumnae Association in April, with Mrs. D. Scammel as toast mistress and Mrs. C. Simms in the chair. Following the banquet, a nosegay of purple and gold flowers, the hospital colors, was presented to Miss Mary Barry in recognition of her 22 years of service on the association's executive.

Recent activities of the alumnae association include the purchase of lamps for use by student nurses at capping ceremonies, and financing buses to carry the students to the annual vesper service. The Georgia Pond Memorial bursary was awarded to Miss Lois Esther McFarlane, who entered her preliminary training in September, 1954. The alumnae prize for general proficiency among the members of the graduating class, was awarded to Miss Hilda Orechia, at the graduation exercises on May 31. The sum of $25. was voted to a memorial fund designed to repair the church of St. Margaret in Wellow, England, where Florence Nightingale is buried.

ONTARIO

DISTRICT 6

BELLEVILLE

M. L. Peart, president, presided at the semi-annual meeting of the district recently. Members from Peterborough, Trenton, Picton, Port Hope, Cobourg, Belleville and surrounding areas attended. At the afternoon meeting, Mr. G. Whitman, local civil defence coordinator, and T. Green, provincial nursing consultant in civil defence, Toronto,

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emphasized the need for public interest in preparedness and the role of the nurse in furthering first aid and home nursing courses. A panel discussion on the highlights of nursing education was led by M. Lenfesty. Mr. J. Demeza, superintendent, Ontario School for the Deaf, was guest speaker at the dinner meeting later, his topic being "The Education of our Deaf Children." The following reported on district activities: Chapter A, Miss Kidd; Chapter B, L. Steele; Chapter C, M. Waters. Committee reports were made by Miss Lenfesty, J. Finlay, and V. Nelson. Mr. A. Cunningham, accompanied by Mrs. E. Boyce, was guest soloist. Among the guests were student nurses from Belleville and Peterborough. The chairman thanked the arrangements committee, members of Chapter A, for providing the excellent program.

SASKATCHEWAN

HUMBOLDT

St. Elizabeth's Hospital

Beginning with a banquet given by the Sisters the graduation exercises provided much pleasure and happiness for the 17 graduates. Nearly 150 friends and relatives joined the graduating class and Sisters at a High Mass in the convent chapel. The two officiating priests both had nieces among the members of the graduating class.

Graduation exercises were held in the Lux Theatre before some 450 guests. The platform was decorated in the school colors of gold and mauve with the jubilee motif to be seen above the heads of the graduates. Mayor Laskin in welcoming the visitors remarked that no other town in Saskatchewan the size of Humboldt had a school of nursing so the town was very proud of the graduates. Guest speaker A. R. Laing urged the graduates to "stir up the gift of God within you." Dr. Gladys Sainsbury presented the medals and Fr. A. Herriges the diplomas. The hospital Ladies' Aid sponsored the graduation dance the following evening where the Humboldt chapter served as hostesses for the refreshments during intermission.

The new hospital is rapidly nearing completion. During a three-day open house in June, guided tours were enjoyed by throngs who swelled the coffers of the chapter by their purchases of ice cream and cold drinks. The proceeds of this project will be used to purchase some needed pieces of equipment. Official opening day will be in the autumn.

SASKATOON

City Hospital

The main project of the alumnae association will be to raise funds during the next two years for the establishment of a memorial chapel in the new front addition to the hospital. Construction on the centre wing is under way. Participants in the recent graduation ceremonies included: Brig. P. E. Reynolds who gave the welcoming address while Mr. L. T. Muirhead, general superintendent, presented the diplomas and Mrs. H. A. Armstrong, director of nursing, the pins. Dr. L. Schulman of the medical staff addressed the 63 members of the class. B. Gibson was valedictorian. Award winners were: F. Prynallt, R. Miller, I. Jantzen, V. Bulani, D. Morgan, E. Dasiuk, R. Morrison. Mrs. Armstrong presented B. Hayes with *The Canadian Nurse* award. D. Kacsmar and I. Levorson won scholarships for post-graduate study. Mrs. Armstrong and Mr. and Mrs. Muirhead welcomed the guests at the reception later. Among the activities in honor of the members of the graduating class were: A formal dance given by the board of governors and the Student Nurses' Association; a banquet by the senior students; a tea by Mrs. J. G. Ormrod and an evening by the alumnae association when each graduate was presented with a 1955 membership card and a gift.

The Student Nurses' Association sponsored a tea and bazaar recently and presented well planned display units and open classrooms at the Nursing Show. The presentation of all aspects of the three-year training was complete in every respect, enabling viewers to obtain an excellent idea of the entire course.

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Matron for new, completely modern 8-bed hospital & nurses' residence. Salary: $250 per mo. plus full maintenance. 3 wk. holiday with pay. Staff of 4 registered & 1 nurses' aid employed. Apply Vernon Ross, Kincaid Union Hospital, Kincaid, Sask.

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Asst. Director of Nurses for new 120-bed hospital, 20 min. from downtown Detroit. Excellent salary & benefits. Apply Director of Nurses, The Lynn Hospital, 25750 West Outer Drive, Detroit, Michigan.

Supervisor of Nursing for 28-bed general hospital in Huntingdon County, in a small industrial town 45 miles from Montreal, offering many pleasant social and recreational activities. Pleasant working conditions; living quarters in hospital; annual holiday of 1 mo.; statutory holidays; two wks. sick leave; Blue Cross paid. No previous Supervisor has ever left us due to dissatisfaction with working conditions or salary. Losses mainly have been due to marriage. Good starting salary. Apply: F. G. McCrimmon, M.D., Medical Superintendent, Box 488, Huntingdon, P.Q.

Instructor to teach anatomy and physiology, microbiology first term, followed by surgical nursing lectures and clinical supervision on surgical wards. Starting salary: $255; $10 for 2 yrs. experience; $10 yearly increments; 1½ days sick leave, cumulative; 10 statutory holidays; 40-hr. wk; 1 class per yr. in September. Apply to: Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

Head Instructor for Training School to teach Sciences. 86-bed hospital; 30 students. Complete maintenance provided in comfortable suite. Apply, stating qualifications & salary expected, A. J. Schmiedl, Sec.-Manager, General Hospital, Dauphin, Man.

Instructor in Nursing Arts, Instructor in Science, Clinical Instructor in Operating Room Technique, Clinical Instructor in Pediatrics. Modern 450-bed Hospital. Maximum of 90 Students — 1 class a yr. Excellent personnel policies. Apply Director of Nursing Education, Kitchener-Waterloo Hospital, Kitchener, Ont.

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Nursing Arts Instructor for School of Nursing with capacity 195 students attached to expanding hospital of 571 beds. B.S. Degree in Nursing Education preferred or at least 3 yrs. experience & working toward degree. Located in "all American City" of 120,000. in North Eastern Ohio with educational, industrial, recreational & agricultural primary interests. Salary commensurate with qualifications. Write Director of Nursing, Aultman Hospital, Canton, Ohio.

Supervisor of Nurseries with duties to include teaching & supervision of student nurses & **Head Nurse** for 26-bed obstetrical dept. Apply Director of Nursing, General Hospital, Oshawa, Ont.

Supervisors, Operating Room, Obstetrical & General Duty for all shifts for new 120-bed hospital opening soon; 20 min. from downtown Detroit. Excellent wages & benefits. Apply Director of Nurses, The Lynn Hospital, 25750 W. Outer Drive, Lincoln Park, Michigan.

Supervisor (1) & Registered Staff Nurses. Hours 3-11. Good personnel policies. For further information apply Supt., St. Mary's Memorial Hospital, St. Mary's, Ont.

School of Nursing, Metropolitan General Hospital

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This is a new school of nursing with a curriculum pattern of two years of nursing education followed by one year of guided nursing service. It offers an excellent opportunity for instructors to participate in the development of a sound educational program since the hospital does not depend on students for nursing service during their two educational years.

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Operating Room Supervisor. Salary commences $300 per mo.; **Graduate Nurses** for 100-bed West Coast General Hospital. Salary: $250 per mo. less $40 for board, residence, laundry. 3 annual increments; $10 per mo. night duty bonus. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance up to $60 refunded after 1st yr. Apply Director of Nursing, General Hospital, Prince Rupert, B.C.

General Supervisors, Operating Room Nurses and General Duty Nurses for new 150-bed hospital. Starting salary for Registered General Duty Nurses $230 with annual increases to $40. 1½ days per mo. cumulative sick leave; 40 hr. wk; 28 days vacation; 10 statutory holidays. Apply: Supt. of Nurses, Trail-Tadanac Hospital, Trail, B.C.

Operating Room Nurses preferably with experience. Services include general, orthopedic, cardiac, chest, neuro & plastic surgery & otolaryngology. Personnel policies on request from Director of Nursing, The Hospital for Sick Children, 555 University Ave., Toronto, Ont.

Operating Room & General Staff Nurses for 110-bed Hospital in Fraser Valley. Basic Salary: $230. per mo. 40-hr. wk. R.N.A.B.C. agreement in effect. Address applications or enquiries to General Hospital, Chilliwack, B.C.

Operating Room Nurses, immediate appointments, for 511-bed newly enlarged and finely equipped hospital; 10 operating rooms now completed. Northeastern Ohio stable "All-American City" of 120,000. In centre of area of recreational, industrial and educational friendly activities; living cost reasonable. Within pleasant driving-distance advantages of metropolitan Cleveland and Columbus, Ohio, and Pittsburg, Pa. Friendly and considerate working associates and conditions. Progressively advanced personnel policies. Starting salary: $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact Director of Personnel, Aultman Hospital, Canton, Ohio, by letter or collect telephone 4-5673.

Operating Room Nurse (1) & Floor Duty Nurses for 50-bed General Hospital. Apply Supt., Leamington District Memorial Hospital, Leamington, Ontario.

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Obstetrical Clinical Instructor for School of Nursing with capacity 195 students attached to expanding hospital of 571 beds. B.S. Degree in Nursing Education preferred or at least 3 yrs. experience & working towards degree. Located in "all American City" of 120,000. in North Eastern Ohio with educational, industrial, recreational & agricultural primary interests. Salary commensurate with qualifications. Write Director of Nursing, Aultman Hospital, Canton, Ohio.

Obstetrical Nursing Staff needed. (1) Assistant Supervisor of Obstetrical Ward. (1) Delivery Room Nurse. Good personnel policies; 44-hr. wk. Post-graduate preparation with experience preferred. Apply Director of Nurses, Public General Hospital, Chatham, Ont.

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Public Health Nurse for Generalized Program. Minimum salary: $2,700, allowance for experience, increments. Car allowance or staff car. Accumulative sick leave. Apply Dr. G. Sutherland, City Hall, Guelph, Ont.

Public Health Nurses to commence Sept. 1 for Health Dept. City of Calgary. Minimum salary $2,724 with allowance for experience. 5 day wk. Pension & hospitalization plans available. 1 mo. vacation after 1 yr. Apply Dr. W. H. Hill, Health Dept., Calgary, Alta.

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Public Health Nurse Grade 1. British Columbia Civil Service, Dept. of Health & Welfare. Starting Salary $255. $260. $266. per mo., depending on experience, rising to $298. per mo. Promotional opportunities available. Qualifications: Candidate must be eligible for registration in British Columbia & have completed a University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province.) Cars are provided. 5-day wk. in most districts. Uniform allowance. Candidates must be British subjects; preference is given to ex-service women. Application forms obtainable from all Government Agencies; the Civil Service Commission, 544 Michigan St., Victoria, or 411 Dunsmuir St., Vancouver 3, to be completed & returned to the Chairman, Civil Service Commission, Victoria. Further information may be obtained from the Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C.

Public Health Nurse for well established generalized program in Grey County, population of town, 4,000. Minimum salary: $2,700; allowance made for experience; 4 wks. vacation. Apply to D. D. Brigham, Secretary, Board of Health, Hanover, Ont.

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Public Health Nurses, bilingual, required by Prescott & Russell Health Unit. Minimum Salary: $2,600. with allowance for previous experience & annual increments. Car provided or allowance for own car. 5-day wk.; Blue Cross & sick leave. Apply to Dr. R. G. Grenon, Director, Prescott & Russell Health Unit, Hawkesbury, Ont.

Public Health Nurse for York Township. Minimum salary: $2,800. with annual increment. Accumulative sick leave, 5-day wk., pension plan. Generalized program. Apply Dr. W. E. Henry, Medical Officer of Health, 2700 Eglinton Ave., W., Toronto 9, Ont.

Public Health Nurses qualified for generalized program. Salary: $2,700-3,200 depending on experience. Annual increment $100. 5-day wk.; pension plan, Blue Cross & P.S.I. available. Car provided or car allowance. Apply Dr. Charlotte M. Horner, Director, Northumberland-Durham Health Unit, Cobourg, Ont.

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Hospitals situated in the coastal regions of the Province & act as the centre of Medical services for a group of settlements.

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Excellent opportunities in **Private Nursing** are available in Bermuda. Rates similar to those in effect in Province of Quebec. For information regarding openings write to Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses (2) for 50-bed Municipal Hospital. $175 per mo. plus maintenance & 10 statutory holidays. 44-hr. wk. For further information apply Matron, Municipal Hospital, Wainwright, Alta.

Registered Nurses for General Duty (2) for 76-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Calgary & Banff. Gross Salary: $200 per mo., perquisites $30, $5.00 increment every 6 mo., 1 mo. annual vacation with pay; 8-hr. day; 44-hr. wk. Sick leave with pay. Apply Matron, Municipal Hospital, Brooks, Alta.

General Duty Nurses (2) as soon as possible. Salary $180 per mo. plus full maintenance, 3 increases of $5.00 per mo. for each yr. experience to a maximum of $195. 3 wks. vacation with pay plus all statutory holidays. Separate nurses' residence. Apply Matron, Municipal Hospital, Fairview, Alta.

General Duty Nurses for hospital 300 miles north of Vancouver, on the B.C. coast. Salary $215 per mo. less $40 maintenance; 2 annual increments of $5.00 per mo. Sick time 1½ days per mo. cumulative; 1 mo. annual holiday, plus 10 days in lieu of statutory holidays. Transportation to Bella Bella refunded after 1 yr. Apply: Matron, The R. W. Large Memorial Hospital of the United Church of Canada, Campbell Island P.O., Bella Bella, British Columbia.

Graduate Nurses (2) for 22-bed hospital. Salary: $230 per mo., if B.C. registered; less $40 board, room, & laundry. 28 days vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, giving references, Matron, Burns Lake Hospital, Burns Lake, British Columbia.

Graduate Nurses for General Duty (3). One to commence duties as soon as possible & Two to commence duties about October 1, 1955. Salary: $220 per mo. less $35. for full maintenance. 40-hr. wk.; 28 days vacation after 1 yr. service & 10 statutory holidays per yr. Fare refunded after 1 yr. service. Only graduate nurses accepted. Apply The Matron, General Hospital, Golden, B.C.

General Duty Nurses. Salary: $230-$270, $10.00 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, (1) mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

Registered Nurses for 36-bed General Hospital. Basic salary: $230; increments $10. 40-hr. wk., full maintenance $45. R.N.A.B.C. agreement. Half fare refunded after 6 mo., balance after 1 yr. Apply Matron, Nicola Valley General Hospital, Merritt, B.C.

Graduate Nurses for Permanent and Holiday Relief for 50-bed active hospital situated within easy distance of Vancouver; 44-hr. wk. Basic salary: $240 per mo. plus $10 per mo. extra if registered in B.C.; individual rooms in separate staff residence. Apply: Miss M. R. Ward, Supt., Langley Memorial Hospital, Murrayville, B.C.

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Pleasant city of 33,000. Two colleges.

Good salary and personnel policy.

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General Duty Nurses for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary: $235-268. Credit for past experience. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses for active 31-bed hospital. Salary: $230 per mo. less $40 maintenance. 40-hr. wk., good working conditions. For further information write Director of Nursing Service, Community Hospital, Pouce Coupe, B.C.

Registered Nurse wanted at a friendly town in the Cariboo District, British Columbia, for 22-bed general community hospital. Starting salary: $230 per mo. less $50 board & lodging in modern residence. 40-hr. wk. 1 mo. vacation with full salary plus all statutory holidays. Transportation up to $60 refunded after 6 mo. service. Sick leave & full benefits. Apply stating experience to Director of Nursing, General Hospital, Quesnel, B.C.

Graduate Nurses (3) for 24-bed hospital. Salary: $230 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, stating experience, Matron, Terrace & District Hospital, Terrace, British Columbia.

General Duty Nurses for Western Memorial Hospital. Gross salary: $2,100 - 2,300; 4 wks. vacation. Transportation from outside the Province paid, subject to 1 yr. service. Apply Supt. of Nurses, Western Memorial Hospital, Corner Brook, Newfoundland.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & post-graduate program. Full Maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

Graduate Nurses. $190 per mo. plus $10 extra for night duty. 8-hr. duty, rotating shifts. Apply Supt., The Chesley & District Memorial Hospital, Chesley, Ontario.

General Duty Nurses & Certified Nursing Assistants for 33-bed General Hospital. Good personnel policies. Apply Supt., General Hospital, Espanola, Ont.

Registered Nurses for General Duty. Initial salary: $200. per mo.; with 6 or more month's Psychiatric experience, $210. per mo. Salary increase at end of 1 yr. 44-hr wk; 8 statutory holidays, annual vacation with pay. Living accommodation if desired. For further information apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

General Duty Nurse for 60-bed hospital in attractive southern Ontario town. Salary: $200 per mo. with increments every 6 mo. to $215. $15 per mo. for evening & night duty. 3 wk. vacation, 7 statutory holidays, cumulative sick leave. Free laundry. Apply Director of Nurses, Alexandra Hospital, Ingersoll, Ont.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses for modern 75-bed Hospital. Basic salary $170, plus maintenance. Apply Administrator, Dufferin Area Hospital, Orangeville, Ont.

General Duty Nurse (1) for new completely modern hospital. Salary: $190 per mo. plus full maintenance. New nurses' residence. Apply Vernon Ross, Kincaid Union Hospital, Kincaid, Sask.

REGISTERED NURSES

FOR

General Duty and Operating Room

Opportunities available at the new

MONTREAL GENERAL HOSPITAL

For full particulars write to:

DIRECTOR OF NURSING, 1650 CEDAR AVENUE, MONTREAL 25, QUE.

General Duty Nurses for all departments. Gross salary: $200 per mo. if registered in Ontario with 1 yr. or more of experience; $190 with less than 1 yr. of experience & until registration has been established. $20 per mo. bonus for evening or night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 14 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing, General Hospital, Oshawa, Ont.

Graduate Nurses for modern 125-bed Community Hospital in suburban Toronto, opening new wing. Salary range: General Duty — $205 to 275 monthly, Head Nurse — $225 to 295. Supervisor — $260 to 310. Residence accommodation optional. Apply Director of Nursing, Humber Memorial Hospital, 200 Church St., Weston, Ont.

Graduate Nurses for General Staff Duty in 350-bed Tuberculosis Hospital in Laurentian Mts. For further information, apply Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Quebec.

General Duty Nurses for 650-bed teaching hospital in Central California. Salary: $288-337 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

Graduate Registered Nurses for general duty. 375-bed industrial hospital, all graduate staff. Good salary with differential for evenings & nights; periodical raises. Good personnel policies, 40-hr. 5 day wk. 1 meal & laundry of uniforms free. $45 per mo. complete maintenance if desired. Apply Director of Nurses, Missouri Pacific Employes' Hospital, St. Louis 4, Missouri.

General Duty Nurses eligible for New York registration for new and modern hospital. 30 miles north of New York City. Salary: $250-280 plus 1 meal & uniforms laundered. Bonus $20 for evening & $15 for night shifts. Liberal personnel policies. Living-in facilities available in new apartment-type residence at nominal charge. Apply Director of Nursing Service, Phelps Memorial Hospital, N. Tarrytown, New York.

Registered Staff Nurses, immediate appointments, in 511-bed newly enlarged and finely equipped general hospital. Duty assignments in medical, surgical, pediatrics, psychiatric, obstetrics, or contagion units. Northeastern Ohio stable "All-American City" of 120,000. In centre of area of recreational, industrial, and educational friendly activities. Living costs reasonable. Within pleasant driving-distance advantages of metropolitan Cleveland and Columbus, Ohio and Pittsburg, Pa. Friendly, cooperative work relations and conditions. Progressively advanced personnel policies. Starting salary: $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact: Director of Personnel, Aultman Hospital, Canton, Ohio, by letter or collect telephone 4-5673.

Staff Nurses for 600-bed General Hospital with School of Nursing. Salary: $273-322. Shift & education differentials. 40-hr. wk. 12 holidays; cumulative sick leave; 3 wks. vacation. Apply Director of Nursing Service, General Hospital, Fresno, California.

Graduate Nurses for new & modern "Hospital of Ideas." 300-bed Cancer Research Hospital located in the beautiful Texas Medical Center. Opportunity to learn advanced methods in Cancer Nursing. Excellent working conditions; good salary; liberal employee benefits plus the advantage of associating with a University Hospital. For further information on the most talked-about hospital in the largest city in the largest state in the United States, write to the Personnel Manager, The University of Texas, M.D. Anderson Hospital and Tumor Institute, Houston 25, Texas, U.S.A.

Public Health Nurse for Health Unit serving the area around Lethbridge, Alta. Salary: $2,640 to $3,180, initial position on the scale depending on experience. Provision made for holidays, sick leave & hospitalization. Car supplied. Apply Medical Officer of Health, Barons-Eureka Health Unit, Coaldale, Alta.

HURLEY HOSPITAL
Flint, Michigan

428-bed Teaching Hospital
expanding to 850.

We need

Instructors	$246 - 413
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- Openings available in Medicine, Surgery, Emergency, Communicable Diseases, Psychiatry.
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- 5% differential for afternoon and night shifts.
- Liberal personnel policies.

Write to

Personnel Director
Hurley Hospital
Flint, Michigan

NURSING
OPPORTUNITIES

Splendid opportunities are available at the Hospital for Mental Diseases at Brandon, Manitoba, for a

SIX-MONTH
POST-GRADUATE
COURSE IN
PSYCHIATRIC NURSING

Applicants must be registered nurses

Salary while taking course — $205 per month (less $25 per month for full maintenance). On completion of the course, nurses have opportunities to obtain supervisory staff positions.

Apply to:
SUPERINTENDENT OF NURSES
Hospital for Mental Diseases,
Brandon, Manitoba

General Duty Nurses for 107-bed modern hospital. Salary: $175 per mo. plus meals & laundry. Differential for evening & night duty. Periodic increases. Travelling expenses from point of entry into Ont. refunded after 6 mo. service. 44-hr. wk; 8 statutory holidays; 21 days vacation with pay; accumulated sick leave. Medical & Hospital plan subsidized. Room accommodation available in residence. Apply Supt. of Nurses, Kirkland & District Hospital, Kirkland Lake, Ont.

October 1, 1955. Registered Nurses (2) for 30-bed hospital. Salary: $225 per mo. with yearly increment. 4 wks. vacation after 1 yr. employment; 11 statutory holidays per yr. 40-hr. wk. $40 room & board at nurses' home. Pleasant surroundings. Apply Administrator, Community Hospital, Grand Forks, B.C.

Office Nurse, R.N., for general duties. Opportunity for surgical experience if desired. Salary open, determined by experience & qualifications. Secure position. Congenial working conditions. Small Wyoming community. Apply R. E. Kunkel, M.D., Thermopolis Clinic, Odd Fellows Bldg., Thermopolis, Wyoming.

Registered & Non Registered Nurses. Good personnel policies, new facilities. 44-hr. wk., 8-hr. rotating shifts. 1 day off 1 wk. & 2 the next, 1½ days holiday & sick leave allowed per mo. Up to $40 travelling expenses & 6% increase after 1 yr. services. Half Blue Cross with medical surgical benefits paid. Full maintenance provided. Apply stating gross salary expected Supt., Lady Minto Hospital, Cochrane, Ont.

NURSES HOUSE

In Babylon, New York, about forty miles from New York City on the South Shore of Long Island, you will find a delightful place called Nurses House where you may spend your vacation.

Over thirty years ago a non-nurse friend of nurses bequeathed $300,000 for the purchase and maintenance of a place in the country where nurses could go for relaxation and rest. Fifty guests can be accommodated and Nurses House is open the year 'round except for two weeks in November. The rates per day, including three delicious meals, are a modest $5.00. Guests may be as active or as inactive as they wish, — swimming or sunning at the beach, bicycling, picnics, hiking, Badminton, and ping-pong, with horseback riding, tennis and golf available nearby. An excellent library, television, jigsaw puzzles and card games furnish other forms of recreation.

For further information, write:
MRS. GRACE K. STONE, Director, Nurses House,
Box 95, Babylon, New York

OPERATING ROOM SUPERVISOR

ANNUAL SALARY $3302 - $3770

40 HOUR WEEK — 4 WEEKS PAID VACATION

APPLY

PERSONNEL DIRECTOR, SARNIA GENERAL HOSPITAL, SARNIA, ONTARIO

Public Health Nurse for generalized program with Oxford Health Unit. Salary adjusted according to experience. 1 mo. vacation. 5-day wk. Car allowance & loan for purchasing car if necessary; pension & hospitalization plans available. Apply Supervisor of Public Health Nursing, Oxford Health Unit, Woodstock, Ont.

Public Health Nurses qualified for generalized public health nursing services in rural & suburban area in Health Unit. Minimum salary: $2,800, annual increment $100. Blue Cross & pension, accumulative sick leave. 1 mo. holiday. Apply Dr. A. F. Bull, Med. Officer of Health, Halton Co. Health Unit, Milton, Ont.

Graduate Nurse (1) to complete staff for small metabolic research unit. Personnel policies on request from Director of Nursing, The Hospital for Sick Children, 555 University Ave., Toronto, Ont.

Graduate Nurse for 7-bed hospital. Salary: $220 plus semi-annual increments, less $15 per mo. for room & 25 cents each meal. 3-wks. vacation plus statutory holidays. Apply Matron, R. Legere, Union Hospital, Rockglen, Sask.

Public Health Nurses for Kent County Board of Health Unit. Minimum salary: $2,700 plus annual increments as determined by the Board, to a maximum of $3,100. 38-hr. wk. 3-wk. vacation with pay, all statutory holidays, 2 days per mo. sick leave accumulative to 48 days. Uniforms provided. Ideally located, bordered on the south by Lake Erie & by Lake St. Clair on the west. The City of Chatham being located in the centre of the County with the cities of London, Sarnia & Windsor, Ontario, & the City of Detroit, Mich. all within 1 hr. drive from Chatham, makes Kent County a most desirable place in which to live & make a living. Apply W. M. Abraham, Sec. Treas., Kent County Board of Health, 7th St., Chatham, Ont.

Registered Nurses (2) for 13-bed hospital on C.P.R. main line and Trans-Canada Highway. Salary: $200. per mo. with full maintenance. 3 wks. holiday after 1 yr. service. Duties to commence when convenient. Apply R. W. Harris, sec'ty-treas., Union Hospital, Gull Lake, Sask.

General Duty Nurses for active 65-bed hospital. 1 mo. vacation with pay after 1 yr. service. 21 days sick leave per yr. Semi-annual increments. 8 hr. rotating duty. Apply Supt. Blanchard Fraser Memorial Hospital, Kentville, N.S.

General Duty Nurses and Catherine Booth Graduates for new hospital, 68 miles from Montreal. Excellent bus and tram service. Salaries in accordance with A.N.P.Q. policies. Full maintenance. 30 days annual holiday. 12 days sick leave. BX paid. 8 hr. duty, rotating shift. 1½ days per wk. Apply Supt. Brome-Missisquoi-Perkins Hospital, Sweetsburg, P.Q.

Obstetrical Supervisor, p.g. experience, for 28-bed unit. Student nurse program. Salary: $265-$305. 1 mo. annual vacation. 10 statutory holidays. 40 hr. wk. Apply Director of Nurses, Royal Inland Hospital,, Kamloops, B.C.

Director of Nursing Service for 290-bed general hospital. Degree and experience required. Salary commensurate with training and experience. Apply Sister Superior, St. Paul's Hospital, Saskatoon, Sask.

Clinical Instructor for Paediatrics. Post-graduate course preferred. Good salary and personnel policies. Apply Sister Superior, St. Paul's Hospital, Saskatoon, Sask.

Obstetrical Supervisor for 48-bed maternity dept. in 486-bed general hospital. Supervision of case rooms, nursery and wards. School of Nursing. Salary: $265 basic, with credit for experience and p.g. study. 28 days annual vacation. 10 statutory holidays. Cumulative sick leave. 40 hr. wk. B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

TEST POOL EXAMINATIONS
FOR REGISTRATION OF NURSES IN NOVA SCOTIA

To take place on October 19, 20 and 21, 1955 at Halifax, Yarmouth, Amherst, Sydney and New Glasgow. Requests for application forms should be made at once and FORMS MUST BE returned to the Registered Nurses Association of Nova Scotia by SEPTEMBER 19, 1955.

(1) Diploma of School of Nursing — (2) Fee of Five Dollars ($5.00)

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations and is within six (6) weeks of completion of the course of Nursing.

NANCY H. WATSON, R.N., Registrar

The Registered Nurses Association of Nova Scotia, 301 Barrington Street, Halifax, N.S.

Graduate Nurses (2) for new 10-bed hospital. Salary: $225 basic, with raise after 6 mos. satisfactory service. 40 hr. wk. Overtime for special holidays. Meals included. 1 wk. vacation pay. 5 days sick leave. Housing available. Also Supervisor: Salary: $265 basic. Apply R. S. Buker, M.D., Chester, Montana.

Registered Nurses, general duty, (3) for replacement and increase of staff in fully modern 30-bed hospital. Gross basic salary: $210 per mo. 4 wks. paid vacation after 1 yr. service. Also, Licensed Practical Nurses (4). Gross basic salary: $140 per mo. 2 wks. paid vacation after 1 yr. service, increasing to 4 wks. after 3 yrs. All statutory holidays. Cumulative sick leave. Increments of $5 per mo. after 6 mos., then yearly, $10 per mo. 44 hr. wk. Separate living quarters. Apply Matron, District Hospital, Roblin, Manitoba.

Public Health Nurse (Experienced) for supervision of foster parents & children under 4 yrs. Staff of 40 social workers & 5 nurses in expanding urban-rural community. Case loads of 40-50 children. Minimum salary $2,900 per annum with allowance for experience to $4,000 maximum. Annual increments $150. 4 wks. vacation, 5 day wk. Driving license essential. Apply with full particulars to Executive Director, Children's Aid Society of York County, 112 St. Clair Ave. W., Toronto, Ont.

General Duty Nurses for 100-bed JCAH approved county hospital in San Joaquin Valley, located centrally between San Francisco & Los Angeles. Beginning salary: $281 to $314 plus additional $10 for evening & night shifts. 40 hr. wk. 3 wk. vacation, 12 holidays, liberal sick leave. Rooms available in modern nurses' home at $10 per mo. Apply Supt. of Nurses, Tulare County General Hospital, Tulare, California.

Registered Nurses for small hospital in Ottawa area. Generous salary. 44-hr. wk. Good personnel policies. Transportation paid. Apply Box G., The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25.

Qualified Instructor to take charge of small School of Nursing in Ottawa area. Must have Teacher's Certificate or Bachelor of Nursing Science. Commencing salary $300 per mo. plus meals. Liberal personnel policies. Transportation paid. Apply Box J, The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25.

Registered General Duty Nurse for 34-bed modern hospital in oil centre of Manitoba. Duties to commence on or about August 15. Starting salary: $195 gross with semi-annual increase of $5.00 to maximum $210. 8-hr. day, 3 wks. annual vacation after 1 yr. service, allowance for statutory holidays. Comfortable staff quarters. Apply Matron, District Hospital, Virden, Manitoba.

X-RAY AND LAB NURSE

Registered Nurse with X-ray and Laboratory technician qualifications required for 17-bed Hospital located in Temiskaming, Quebec. Applicants who also have had experience in electrocardiogram and basal metabolism work preferred. Living accommodations available in Nurses' Residence. One month's annual vacation with pay. Salary commensurate with qualifications. Pleasant community life with recreational facilities available at attractive fees. Apply in writing with complete details regarding qualifications and providing references to:

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(Medical-Surgical)

is to be established at

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(non-sectarian)

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Applications are being received for the position of Head Nurse. At least one year of University study and experience in teaching and ward management required. For further information regarding the position and employment policies, apply to

MISS EVELYN KESSLER, Director of Nurses

General Duty Nurses for 351-bed hospital in medical & surgical dept., pediatrics & delivery room. Base salary: $260, $10 more for 3 p.m. to 11 p.m. & 11 p.m. to 7 a.m. Apply Director of Nursing Service, St. Vincent's Hospital, Portland, Oregon.

Registered Nurses (2) for gen. duty in modern 44-bed hospital located in the garden spot of Wyoming near the east entrance of Yellowstone National Park. $230 per mo. with meals on duty with merit increases. Liberal personnel policies, 40 hr. wk. Apply Edith Nance, Supt., War Memorial Hospital, Powell, Wyoming.

Baker Memorial Sanatorium, Calgary, Alberta offers to Graduate Nurses a 6-mo. post-graduate course in Tuberculosis. Maintenance & salary as for general staff nurses. Opportunity for permanent employment if desired. Spring & Fall Classes. Further information on request.

Assistant Director of Nursing for new 100-bed hospital located in Southern Ontario. Administrative experience preferred. Good personnel policies. Apply Box F., The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25.

Science Instructor & Clinical Instructor to commence Sept. 1955. 125 students. Apply Director of Nursing, The Victoria Public Hospital, Fredericton, N.B.

Registered Nurses for General Duty in modern 18-bed private hospital in iron mining town, 180 miles north of Sault Ste. Marie. Starting salary: $235 with annual increase, less $20 for maintenance. Excellent accommodations & personnel policies. Transportation allowance after 3 mo. service. Apply Supt. Lady Dunn Hospital, Jamestown, Ont.

Public Health Nurses with experience for Montreal Branch of Victorian Order of Nurses. Starting salary $3,000 per annum. Apply Director, 1246 Bishop St., Montreal 25.

Registered Operating Room Nurse. Apply giving experience, references, etc. to Acting Supt., Community Memorial Hospital, Port Perry, Ont.

General Duty Nurses for 650-bed hospital in central California. Salary: $288-337 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

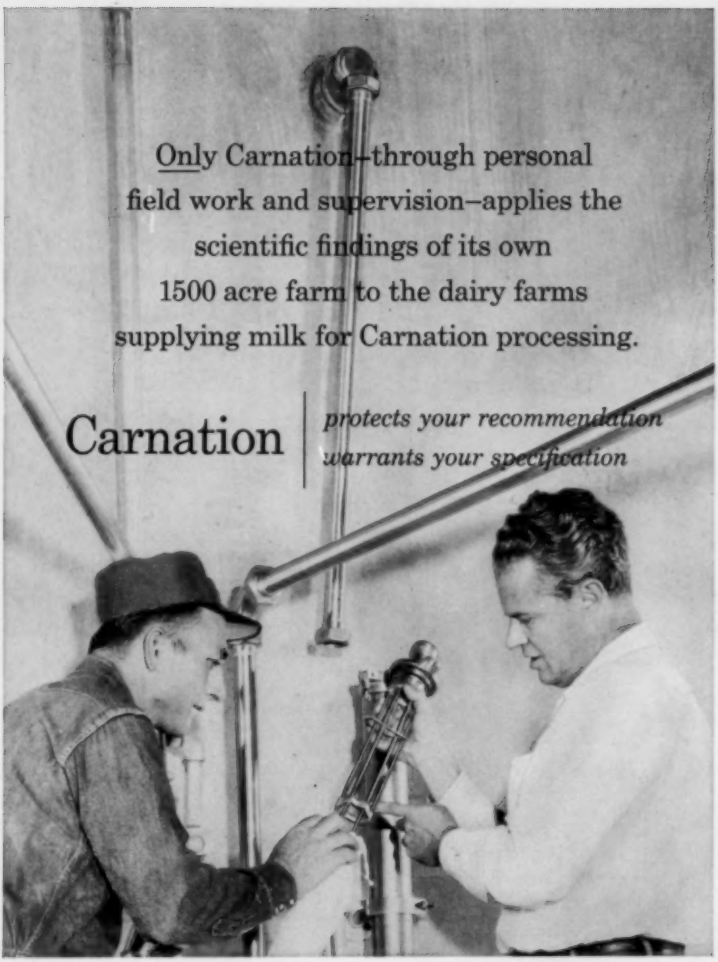
Health Nurse (Qualified) to coordinate Health Program in School of Nursing. 150 students. Good salary & personnel policies. Apply Director of Nursing, General Hospital, Saint John, N.B.

Registered Nurses (2 or 3) for General Duty. 18-bed hospital in beautiful Windermere Valley, B.C. Separate nurses' residence, fully modern. Salary: $220 per mo. less $50 full maintenance. 28 days vacation after 1 yr. service; 2 wks. vacation at end of 6 mos. if desired. Statutory holidays & 18 days sick leave per yr. cumulative. 8-hr. alternating shifts; 40-hr. wk. Good swimming, fishing, hiking; near Radium Hot Springs; new modern theatre. Apply, stating age, references, & when available, to Supt. of Nurses, Lady Elizabeth Bruce Memorial Hospital, Invermere, B.C.

Supervisor for Operating Room and Recovery Room in large general teaching hospital. P.g. course & experience in administration preferred. Apply, stating age, educational and Elizabeth Bruce Memorial Hospital, Invermere, B.C.

Supt. of Nurses for modern 60-bed general hospital. Apply stating qualifications to Dr. M. R. Stalker, Hon. Medical Supt., Barrie Memorial Hospital, Ormstown, Que.

Public Health Nurse for York Township. Minimum salary: $2,800 with annual increment, accumulative sick leave, 5-day week, pension plan. Generalized program. Apply: Dr. W. E. Henry, Medical Officer of Health, 2700 Eglinton Ave. W., Toronto 9, Ont.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